



# 2017 CHRISTMAS BEACH PAIRS SERIES

**Team Name:** \_\_\_\_\_

**Club/School:** \_\_\_\_\_  
(If applicable)

<b>Team Contact 1:</b> _____
Address: _____
Phone (BH): _____ Mobile: _____
Email: _____
<b>Team Contact 2:</b> _____
Address: _____
Phone (BH): _____ Mobile: _____
Email: _____

Please select the Division you wish to enter

	Premier	Open
<b>Men</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Women</b>	<input type="checkbox"/>	<input type="checkbox"/>

To select electronically, right click on box -> properties -> checked

**Available Payment Options:**

**Cash:** Paid to the competition supervisor at the playing venue

**Cheque:** Made payable to Volleyball ACT

**Direct Deposit:** Commonwealth Bank (BSB: 062-904 Acc #: 0090 5741)

**Credit Card:** (please note a 2% surcharge applies for all credit card transactions)

I have read the Competition Information and understand the conditions of the competition including those regarding team payment and player registration and agree to accept those conditions on behalf of my team.	
<b>Signed:</b> _____	<b>Date:</b> _____

## Entries close Tuesday 3 October 2017

SEND ENTRY FORMS TO:  
[competitions@volleyballact.com.au](mailto:competitions@volleyballact.com.au)  
Phone: (02) 6100 6418