



52nd GOOD NEIGHBOUR TOURNAMENT

25th & 26th November 2017

OFFICIAL ENTRY FORM AND TAX INVOICE



TEAM NAME: _____

CLUB/ASSOCIATION: _____

STATE: _____

TEAM CONTACT: _____

ADDRESS: _____ SUBURB: _____ POST CODE: _____

E-MAIL: _____

PHONE: _____ MOBILE PHONE CONTACT DURING EVENT: _____

Please tick the Division you wish to enter

DIVISION	MEN	WOMEN	ENTRY FEE
HONOURS	<input type="checkbox"/>	<input type="checkbox"/>	\$750
DIVISION 1	<input type="checkbox"/>	<input type="checkbox"/>	\$550
DIVISION 2	<input type="checkbox"/>	<input type="checkbox"/>	\$550
DIVISION 3	<input type="checkbox"/>	<input type="checkbox"/>	\$550
DIVISION 4	<input type="checkbox"/>	<input type="checkbox"/>	\$550
SCHOOLS DIVISION (UNDER 18)	<input type="checkbox"/>	<input type="checkbox"/>	\$450
MIXED RECREATIONAL (6 a side)	<input type="checkbox"/>		\$550
MIXED BEACH (6 a Side)	<input type="checkbox"/>		\$420

All entry fees are in Australian Dollars and inclusive of GST

TEAM ENTRY WILL NOT BE ACCEPTED UNTIL ENTRY FEE IS RECEIVED

(PLEASE SEE BELOW FOR ADDITIONAL BOND DETAILS)

Entry Fee Payment Methods: Please tick option

Cheque: Made payable to Volleyball ACT, posted to address below

Direct Deposit: BSB: 062-904, Account #: 0090 5741

Credit Card Option (incurs 2% surcharge):

MasterCard Visa Amex

Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __

Card Holders Name: _____

ALL TEAMS must provide credit card details to be held as a \$400 bond

(Money will only be deducted if your team fails to complete a match or duty requirement)

Credit Card Details: (same as above) or MasterCard Visa Amex

Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __

Card Holders Name: _____

COMPLETED ENTRY FORMS CAN BE SUBMITTED TO:

- Volleyball ACT, PO Box 1186, Dickson, ACT, 2602
- ceo@volleyballact.com.au

If you require further information or have any questions please call Volleyball ACT on (02) 6100 6418