

# SA MASTERS SQUASH MIXED PENNANT Nomination Form

1st Pennant 2019: Commencing 4 February 2019

**EARLY BIRD Closes:** 16 November 2018

**Registrations Close:** 30 November 2018



**SAMS Website:** [www.sams.asn.au](http://www.sams.asn.au)

**Email:** [pennant@sams.asn.au](mailto:pennant@sams.asn.au)

**Postal Address:**

2a Midera Avenue Edwardstown 5039

ABN 11 373 926 520

## Contact Details

Name:	Date of Birth:		
Address:			
Phone:	M	H	W
Email Address:			

**PLEASE** ☒ if you **do not** wish to have your name on the website ☐

## Emergency Contact Details

Name:	Phone:	Relationship:
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**COST per MATCH \$12.00 PAYABLE ON THE NIGHT** (Court fees are not included in the Registration fee)

Please <input checked="" type="checkbox"/> Night of	PLAY	or	RESERVE	Registration Fees			
					Under 70	Over 70	
Monday North				1 Night:	<b>Early Bird</b>	<b>\$25.00</b>	<b>\$20.00</b>
Monday Central					Standard	\$30.00	\$25.00
Monday South					Late	\$35.00	\$30.00
Tuesday Metro				2 plus Nights:	<b>Early Bird</b>	<b>\$40.00</b>	<b>\$35.00</b>
Thursday North					Standard	\$45.00	\$40.00
Thursday Central					Late	\$50.00	\$45.00
Thursday South							
Friday Metro				<b>Reserve Only:</b> \$7.50			
Friday Division 1				Players can nominate to <b>reserve</b> an extra night for no extra cost			
Friday South				<b>Amount PAID: \$</b>			

**Over 70's** are only covered by the SA Masters Insurance Policy to 50% of maximum benefit

## Method of Payment (preferred method Bank Transfer)

<b>Bank Transfer:</b>	<input type="checkbox"/>	<b>BSB:</b> 105 116	<b>A/C#</b> 4315 140 40	<b>Reference:</b> (Use your Name)
<b>Credit Card</b>	<input type="checkbox"/>	Please enter <b>Credit Card</b> details below		
<b>Cash</b>	<input type="checkbox"/>	Pay Treasurer, Division Controller or South Adelaide Squash Centre		
<b>CHQ / Money Order</b>	<input type="checkbox"/>	<b>Cheque or Money Order made payable to:</b> SA Masters Squash		

## Credit Card Details

Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date	____ / ____ / ____
Card Number:	_____		
CVV number:	3 digits on back of card)	_____	
Cardholder Name:	Amount:	\$	_____
Signature of Card Holder:	_____		

**I agree to abide by the Rules of the South Australian Masters Squash Association as published on the SA Masters Website - <http://sams.asn.au/about-us/code-of-conduct/>**

**Signature:**

**Date:**

The Masters Constitution in part reads, "The South Australian Masters Squash Committee shall have the power to approve or reject any registration as it deems fit"