***North West Sydney Tennis***

**Wednesday Night Mixed Competition Team Entry Form – COMP 2 2025 Email:** info@northwestsydneytennis.com.au

 **Grade:**   **Team Name:**  **Court Address:**

 **Captains Name:**  **Phone number for draw:**

 **Captains Email Address:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Phone | Email | NWST M’ship  | TNSW M’ship  | Team & Division Last Played |
|   |   |   |   |   |   |
|   |   |  |  |   |   |
|   |   |  |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|   |   |  |   |   |   |

**Amount: $ ........................ Receipt No: .................... Taken By: .................................................. Date: ........./........../……...**

**NOTE: (A)** A team must consist of players, (2 Men and 2 Ladies), if more than 4 players, the best 4 will be graded.

 **(B)** Fees of **$120.00** must accompany all entries (including 10% gst)**.**

 **(C)** The committee reserves the right to refuse or reject the entry or entries of any player(s) or team(s) and shall not be required to give any reason for such refusal.

**Membership is compulsory. Each player must be a financial member of NWST before they play in any NWST competition. Points penalties may be incurred for unfinancial players.**

I enclose payment of $................ or please charge this amount to my CREDIT CARD:

Visa: Mastercard: Bankcard: **Please note:** American Express not accepted.

My full Card number is:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Expiry Date / / Name on Card: ……….……………….................... Signature of Cardholder ………………..............................................