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**2017-2018 SUMMER PENNANT COMPETITIONS
 ADULT NOMINATION FORM**

Closing Date for Nominations: Monday 4th September 2017

- Players who wish to nominate for any 2017-2018 Pennant Competition **must be financial club members with no outstanding Membership, Pennant or Tournament fees.**
- Nominations will **only be accepted if the fee is included with the nomination form.** Teams will in general be chosen taking into account player competition tennis ratings (C.T.R.) and other factors
- Sorrento Tennis Club cannot guarantee that every nominating player can be accommodated into a team – sufficient numbers of players of reasonable similar standard are required to form teams.
- **NOTE: Fines incurred from Tennis West are the responsibility of the defaulting team & not the Club.**

I wish to nominate for the following competition(s) for summer 2017-2018 (tick the box):

Men	Cost	√	Ladies	Cost	√
Saturday Open	\$75		Saturday Open	\$75	
Saturday 3 Player (singles/doubles)	\$65		Saturday 3 Player (singles/doubles)	\$65	
Sunday 3 Player (singles/doubles)	\$65		Sunday 3 Player (singles/doubles)	\$65	
Mon Night 3 Player (single/doubles)	\$75		Mon Night 3 Player (single/doubles)	\$75	
Tuesday Morning Doubles	\$65		Tuesday Morning Doubles	\$65	
Tuesday Night Mixed Doubles	\$75		Tuesday Night Mixed Doubles	\$75	
Wednesday Night Doubles	\$75		Wednesday Morning Doubles	\$65	
NDTA Wednesday Night Doubles	\$75		Thursday Night Doubles	\$75	
NDTA Saturday Mixed Doubles	\$40		NDTA Saturday Mixed Doubles	\$40	
*Other- please specify	TBA		*Other- please specify	TBA	

*there are some new TW comps available- check our website (you may need to find other players for a team)

I wish to play in the competitions indicated above. I enclose payment of \$ _____

Select 1 of the following options:

- I will be available for all scheduled matches during the Competition**
- I will **not** be available for all scheduled matches (please give details)

Unavailability information:

Player Surname..... Given Name.....
 (M/F)... Address..... Date of Birth:/...../.....
 Phone (H)..... (M)
 Email..... C.T.R_(singles/doubles):
 Signature.....Date.....
Submissions may be e-mailed/posted to above address or handed directly into Sorrento Tennis Club.

** The competitions run from 16/10/17-10/12/18 and 27/1/18 to 26/3/18. They consist of 14 qualifying rounds plus a semi-final and a grand final. If you have any questions or wish to be a reserve player please contact: (Men) **Joel Moss** joelmoss@inet.net.au 0421419472 or (Ladies): **Suzanne Lucas** suzannelucas54@msn.com or **Katy Turnock** hullkaty@icloud.com 0400821761

Method of Payment cash cheque EFTPOS credit card bank transfer
 Sorrento Tennis Club Inc.- BSB 306 074 Account Number 418 7825 - include your name in bank narration.

Credit card payment (Visa/ MasterCard): Amount \$ _____
 Type of card.....Card number.....Exp. date...../.....CCV
 Name on card.....Signature.....