



# Southern Table Tennis Inc. 2019 - Summer Competition -



**16<sup>th</sup> of January to 2<sup>nd</sup> of May (14 weeks minor round plus 2 weeks finals)**

<b>FEES:</b>	<b>Seniors:</b>	<b>Full Time:</b>	\$72.00	<b>Reserve:</b>	\$4.00 per night
	<b>Concession:</b>		\$61.00		\$4.00 per night
	(Available to Social Security recipients upon presentation of card)				
	<b>Juniors:</b>		\$42.00		\$3.00 per night

If playing full time on both nights the fee for the 2<sup>nd</sup> night is Senior's \$48 and Junior's \$36.

**Note: Fees should be paid at time of entry and must be paid by the 1<sup>st</sup> week of competition** or a \$5 a week late fee may be applied. Fees can be paid via bank transfer to *BSB: 325185, A/c No: 02204430, A/c Name: Southern Table Tennis Association Inc.* and send a confirmation email to [president@southerntabletennis.org.au](mailto:president@southerntabletennis.org.au)

**NIGHT OF PLAY:** Wednesday and Thursday – Players **MUST** indicate their availability below. Players will be graded to ensure an even competition.

**ENTRIES CLOSE:** Monday 24<sup>th</sup> of December 2018. Left at canteen or email to [president@southerntabletennis.org.au](mailto:president@southerntabletennis.org.au)

**Please note that we will again be having a bye in the draw so that players on the bye can be used as reserves. If you have a particular date where you cannot play then request a bye for that date.**

Further information including competition by-laws, code of conduct and other policies which players are expected to abide by are available on our website and are in the information folders at the stadium.

## 2019 STT Summer Application Form

**Full time player:**       **Full time player both nights:**       **Reserve player only:**

**Availability: Wednesday:**       **Thursday:**       **Either:**

(The more players who are available either night the better we can structure the competition)

**Name:**

**Date of Birth:**

**Address:**

**Telephone: (Home)**

**(Mobile)**

**Email Address:**

**Emergency Contact: Name:**

**Phone:**

**Will you register in 2019 with TTSA through another affiliate?**      Yes       No

**If 'Yes' to the above, with which affiliate?**

**Requests etc.** (Include any weeks you are not available):