



BOWLS TARANAKI (Inc.) Of Bowls New Zealand  
 Phone 06 757 8000 | Fax 06 757 8001  
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 Bank: TSB Bank A/c No: 15 3953-0249888-00

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TARANAKI  
 BOWLS

# TARANAKI MENS OPEN FOURS 2020

## ENTRY FORM (FEE MUST ACCOMPANY EACH ENTRY)

Please send all completed entries to:  
 The Executive Officer  
 Bowls Taranaki,  
 PO Box 4024  
 New Plymouth

Please enter the following team for the above Tournament commencing Monday 20th January 2020 (BLOCK LETTERS PLEASE)

**LEAD** First Name \_\_\_\_\_ Surname \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

**SECOND** First Name \_\_\_\_\_ Surname \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

**THIRD** First Name \_\_\_\_\_ Surname \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

**SKIP** First Name \_\_\_\_\_ Surname \_\_\_\_\_ Club \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Centre \_\_\_\_\_

Please find enclosed entrance fee for team of \$200.00 inclusive of GST

Yours faithfully \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

(RECEIPTS WILL BE SENT WITH THE TOURNAMENT HANDBOOK IN LATE DECEMBER/EARLY JANUARY. IF YOU REQUIRE A RECEIPT NOW, PLEASE ENCLOSE A SELF ADDRESSED ENVELOPE - UNSTAMPED)

### Composition of Teams:

Open to members of any club affiliated to Bowls NZ and must be bona fide active playing members of the Club they represent, provided that, in the case of teams from OUTSIDE THE TARANAKI CENTRE any such team may consist of MEMBERS of any Club or Clubs from the same Centre.

Teams entered from WITHIN THE TARANAKI CENTRE must be composed of members of ONE CLUB, however THE TOURNAMENT COMMITTEE reserves the right to approve the inclusion of one member from any other Club, affiliated to Bowls NZ, should they consider that circumstances warrant such variation.

When a player is a member of more than one Club, that player will be deemed to be a member only, of the Club for whom that player currently plays the majority of Centre Events.

The Tournament Committee has the right to permit variations to the composition of teams should it be of the opinion that circumstances warrant such variation.

## ENTRIES CLOSE – FRIDAY 15th November, 2019 AT 5.00PM

## ACCOMMODATION (Please complete if applicable)

(1) We have arranged our own accommodation at: \_\_\_\_\_

(2) We require a Rented House for \_\_\_\_\_

PLEASE TICK ONE BOX Mr  Mrs  PLEASE TICK ONE BOX Mr  Mrs

PLEASE TICK ONE BOX Mr  Mrs  PLEASE TICK ONE BOX Mr  Mrs

### Particulars:

Double or Twin rooms for \_\_\_\_\_

Single Accommodation for \_\_\_\_\_

Date of Arrival in New Plymouth \_\_\_\_\_

Length of time required \_\_\_\_\_

(PLEASE NOTE: THE ALLOCATION OF HOUSES WILL BE ARRANGED AFTER THE CLOSING DATE FOR ENTRIES – 15 NOVEMBER 2019)

## VISITING TEAM

Entry No.

Receipt No.