



CROQUET SA PLAYER REGISTRATION FORM

Please print clearly

Title..... Surname.....

Given Names.....

Address

Suburb..... Postcode.....

Contact Info (Mobile)..... (Home/Work)

(Email).....

Club at which you seek membership.....

Membership Type (please circle) **FULL(City) FULL(Country) COUNTRY CASUAL, STUDENT, JUNIOR.**

Have you played croquet before? If so, where, and when?

If yes, Your handicap AC.....GC

Which type of croquet do/will you play? Association, Golf, Aussie, Ricochet, Gateball,
please specify as many categories as applicable)

Age Category (please circle) **Junior <18** (under 18 years as of 1st July in year of registration)

Date of Birth If Junior **18-25 years Student Yes / No**

26-45 years

46-60 years

61-75 years

76 + years

I hereby confirm that I have read and agree to abide by the policies of Croquet SA:

All policies can be viewed on the Croquet SA website www.sacroquet.com.au

Please add me to Croquet SA email list to receive event information Yes / No

I give permission for the above information to be forwarded to the State and National Croquet Associations.

Signature..... Date/...../.....