## ENTRY FORM – School Holidays Autumn 2024 [Or enter online via <u>www.nswjcl.org.au</u> (click on "Coming Events") and pay by internet banking]

Use this form when entering by post and paying by cheque.

Make cheque payable to NSW Junior Chess League, write player's name on reverse

and post with this form to NSW Junior Chess League, 2 Northcote Avenue, Killara NSW 2071 (No confirmation of entry is sent – please assume that your entry has been received.)

**Coaching Clinic:** prior booking (online, by email or by phone) is essential – no enrolments on the day. Tournaments: if your posted entry is likely to be late please email or phone (or preferably enter online).

Name:			·		<i>ropriate \$ am</i> als are due in	ount in each bo January each y	
Civon Nomo	Dat	e of	Membership (if due)	Coaching Clinic	Autumn Tournaments La		Late
Given Name	Bi	rth			One-Day	Two-Day	fee
Total owing: \$		Don	ation: \$		Amount	nclosed: \$	
IEDICAL CONDITION IN THE INFORMET IN THE INFORMATION INTERVIDUE INFORMATION IN THE INFORMATION IN THE INFORMATION IN THE INFORMATION IN THE INFORMATION INTERVIDUE INTERVIDA INTERVIDA INTERVIDUE INTERVI INTERVIDA INTERVIDUE INTERVIDA INTERVIDA INTERVIDA			ation: 5				
MEDICAL CONDITION hat we may need to kr CMAIL ADDRESS:			w* from	 Entry Fe			
AEDICAL CONDITION hat we may need to kr CMAIL ADDRESS: <u>Aembership Fees</u>	now about: <u>Renewal</u> and annual	<u>Nev</u> <u>May</u>	<u>v* from</u> <u>August</u>	Entry Fe	es Clinic – for fi	rst child	\$40
MEDICAL CONDITION hat we may need to kr EMAIL ADDRESS: <u>Aembership Fees</u> Aembership	now about: <u>Renewal</u> and annual \$24	<u>New</u> <u>May</u> \$20	<u>v* from</u> <u>August</u> \$16	Entry Fe Coaching	e <u>es</u> Clinic – for fi – for e	rst child ach brother/siste	er \$30
AEDICAL CONDITION hat we may need to kr CMAIL ADDRESS: <u>1embership Fees</u> Aembership amily Membership	now about: <u>Renewal</u> and annual \$24 \$30	<u>New</u> <u>May</u> \$20 \$26	<u>v* from</u> <u>August</u> \$16 \$22	Entry Fe Coaching Autumn C	e <u>es</u> Clinic – for fi – for e Dne-Day Tour	rst child ach brother/siste nament	er \$30 \$25
MEDICAL CONDITION hat we may need to kr EMAIL ADDRESS: <u>Membership Fees</u> Aembership amily Membership Country Membership	now about: <u>Renewal</u> and annual \$24 \$30 \$16	<u>New</u> <u>May</u> \$20 \$26 \$13	<u>v* from</u> <u>August</u> \$16 \$22 \$10	Entry Fe Coaching Autumn C Autumn T	e <u>es</u> Clinic – for fi – for e Dne-Day Tour Wo-Day Tour	rst child ach brother/sisto nament rnament	er \$30 \$25 \$45
MEDICAL CONDITION hat we may need to kr EMAIL ADDRESS: <u>Membership Fees</u> Aembership amily Membership	now about: <u>Renewal</u> and annual \$24 \$30 \$16	<u>New</u> <u>May</u> \$20 \$26	<u>v* from</u> <u>August</u> \$16 \$22	Entry Fe Coaching Autumn C Autumn T	ees Clinic – for fi – for e Dne-Day Tour Wo-Day Tour Dent Fee (ente	rst child ach brother/siste nament	er \$30 \$25 \$45 d

MILY NAME		Home Phone		
	Parent's contact phone during tournaments			
GIVEN NAME		Date of Birth		
Sex (M/F)	School			
Additional Family Me	mbers (brothers and sisters	– for family membership): –		
GIVEN NAME		Date of Birth		
Sex (M/F)	School			
GIVEN NAME		Date of Birth		
Sex (M/F)	School			
GIVEN NAME		Date of Birth		
Sex (M/F)	School			
ADDRESS				
		Postcode		
EMAIL ADDRESS				

The applicant(s) agree to be bound by the rules of the NSW Junior Chess League Incorporated for the time being in force. SIGNED [by applicant(s) or, if under 18 years of age, by their parent or guardian]: