

CONFIRMATION of ENTRY

PARTICIPATION ADVICE

Please return to Peter Bell by Friday 13 March 2020 - Peter.Bell@qldtouch.com.au

School Name		Contact Teacher					
Contact's Email Address				Emergency	Mobile no.		
CONFIRM Team Nominations (place an 'X' in the appropriate box/es below. Note – maximum of 6 teams per school and if 18 Mixe nominated cannot have 18 Girls and or 18 Boys as well.							
	ave 18 Girls ar		1				
13 Boys		13 Girls	1	I5 Boys	1	5 Girls	
18 Boys		18 Girls	1	18 Mixed	Т	otal Teams	
Travel Details (provide how you will travel - bus, parents etc to QAS and arrival time at grounds if flying etc.) Accommodation (if relevant i.e. your school is from							
outside Brisbane area – show whether you are staying in rental accommodation etc.)							
Draw Request/considerations		Note – this request v entry. To assist with		-		n be achieved. See c	onditions of
Referee Status 1-2 teams = 1 referee or (\$400) More than 2 teams = at least 2 refs or (\$800) Please place an 'X' in the appropriate box		 We will provide the required referees We have 1 or 2 teams and no referees We have more than 2 teams and no referees 			\$400	urcharge	
Preliminary Game		Please provide relevant details of whether you are participating in your local Regional event and can do a Preliminary game.					
Request for pre event game/s		Note – this request will be addressed but there are no guarantees that it can be achieved. Please provide the day and approximate times you require a game/s.					
INTERNATIONAL SCHOOLS only							



