

NEW PLAYER REGISTRATION FORM (FORM 1)

ONLY USE FOR THOSE PLAYERS WHO ARE NEW REGISTRQAQ-
TIONS TO THE SPORT

PLEASE PRINT ALL INFORMATION CLEARLY

CLUB YOU ARE JOINING: _____

FAMILY NAME _____

GIVEN NAME/S _____

STREET ADDRESS _____

TOWN / CITY _____ POOSTCODE _____

CONTACT PHONE NOS: _____

DATE OF BIRTH ____/____/____ (year only if wished)

I AGREE TO ABIDE BY THE ASSOCIATION'S PLAYER CODE OF
CONDUCT

Player / guardian signature _____

Date ____/____/____

- ◆ Print Landscape Orientation
- ◆ Please photocopy for your club files
- ◆ Keep emergency contact details for this player at your club.
- ◆ CAQ will not provide this information to other sources, except for statistical purposes

Female Male Please tick

OCCUPATTION (if retired please state previous occupation)

CAQ OFFICE USE ONLY

Received at Office	
CAQ Treasurer	
Date Forwarded	

CAQ REGISTRATION OFFICER TO COMPLETE

National Member No	
Form Rec	
Processed	
State Handicapper	
Card Posted to Club	
Form returned to Office	

CLUB SECRETARY TO COMPLETE:

Affiliation fee paid \$

Payment method:

DIRECT DEBIT: (Please submit name of applicant DD)

Bank of Queensland	BSB 124 070	10010114
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b**CHEQUE ENCLOSED:** YES / NO Cheque Number: _____

CLUB SECrETARY SIGNATURE

Date: ____/____/____

DISCIPLINE PLAYED (please tick)

- Association Croquet
- Gateball
- Golf Croquet
- Ricochet



Signature Reg Officer:
