

SECOND CLUB PLAYER REGISTRATION FORM (FORM

ONLY USE FOR THOSE PLAYERS WHO WISH TO REGISTER WITH TWO CLUBS OR MORE IN QUEENSLAND

PLEASE PRINT ALL INFORMATION CLEARLY

NAME OF PRIMARY CLUB: _____

NAME OF ADDITIONAL CLUB _____

FAMILY NAME _____

GIVEN NAME/S _____

STREET ADDRESS _____

TOWN / CITY _____ POSTCODE _____

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

OCCUPATION (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	
NO new Card Required	
Form returned to Office	



Signature Reg Officer: _____

CLUB SECRETARY TO COMPLETE:

No additional affiliation fee required.

CLUB SECRETARY SIGNATURE

Date ____/____/____

DISCIPLINE PLAYED (please tick)

- Association Croquet
- Gateball
- Golf Croquet
- Ricochet