

POTTERS 2009/10
TRIPLES HANDICAP
COMPETITION
Team Entry Form

Team Name: _____

<u>Players Name</u>	<u>Ranking</u>	<u>Mobile</u>	<u>Email Address</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Player Nomination Fee of \$50 per player or \$150 per team

\$150 Paid by :.....

Date:.....

Received by:.....

Date:.....

Please fill out this form and send all entries made payable to:

Potters Pool Hall
Unit 4 111-115 Lonsdale St
DANDENONG VIC 3175
Fax; (03) 9791 7845

For further details phone: Potters Pool Hall (03) 9791 8145, Jo 0432 628 444 or Mark 0418 650 400.