



NOMINATION FORM FOR QUEENSLAND TEAMS

2015 Australian Teams Carnival

CANBERRA – Sunday 5th JANUARY to Friday 9th JANUARY, 2015

NAME:

ADDRESS: POST CODE:

PHONE NO: MOB NO

EMAIL:

MEMBER OF SENIORS/VETERANS CLUB. DATE OF BIRTH

TENNIS **SENIORS QLD** NO: MY TENNIS ID: ITF IPIN

PLAYER RATING: NR

PLAYER RANKING: ITF World Ranking (S).....(D).....Aust.Seniors Ranking (S).....(D).....

N.B. IS TRANSPORT REQUIRED during Teams week to venues? (circle) YES / NO

TEAM ENTRY FEE \$115.00 per person - to be included with this form.

NOMINATIONS WITHOUT ENTRY FEE AND SIGNED PLAYER AGREEMENT

AND RELEASE FORM WILL NOT BE ACCEPTED.

Teams will be announced in November.

After Teams have been published and Players have been notified, refunds will only be made for injury or illness sustained after the Teams announcement. A Doctor's Certificate will be required. A \$10.00 Administration Fee will be retained on all refunds.

NOMINATIONS CLOSE 15th OCTOBER, 2014

with the **SECRETARY:** CORAL VICKERS, 70 Dunrod Street, HOLLAND PARK QLD 4121
Ph: 3349 4339 Fax: 3420 5754 E-mail: tsq.tennis@bigpond.com

<u>2015</u> TEAM ENTRY FEE	\$115.00
<u>2015</u> Tennis Seniors Queensland Membership Fee (COMPULSORY)	\$ 20.00
TOTAL	<u>\$135.00</u>

CHEQUES TO BE MADE PAYABLE TO: Tennis Seniors Queensland or (TSQ)

For Electronic Funds Transfer - BSB 638-070; Account No. 7014953
(please use as reference your name & payment - e.g. cvickersteamnom)

OFFICE USE	Amount Rec'd : \$	Date Rec'd:	Receipt No:
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P.T.O

Requests for Team Selection e.g.

You can nominate individually and be placed in a team by Selectors, or

You can nominate your own team of up to 6 people.

However all such requests are subject to Selectors' approval.

ALL nominees PLEASE NOTE:

1. Please circle on front page of your nomination form if **Transport** is required during Teams week from HQ to outside venues – **YES or NO - THIS IS VERY IMPORTANT.**
2. **QUEENSLAND UNIFORM.** Team playing uniform is **COMPULSORY** and consists of shirt & skirt (women) and shirt & shorts (for men). New players will be forwarded an Order Form when nomination is received.

2015 ITF AUSTRALIAN SENIORS CHAMPIONSHIPS (INDIVIDUALS)
Sunday 11th – Friday 16th January
ENTRIES WILL CLOSE LATE DECEMBER 2014.

2015 ITF World Teams Championships

YOUNG SENIORS 35+ to 45+

Antalya, TURKEY – 16th to 21st March (Teams);
Individuals - 22nd to 29th March
CLOSING DATE – 10th OCTOBER

SENIORS 50+, 55+, 60+

La Baule, FRANCE – 8th to 13th June (Teams);
Individuals – 14th to 21st June

SUPER-SENIORS 65+ to 80+

Umag & Novigrad, CROATIA – 21st to 26th September (Teams);
Individuals – 27th September to 4th October

All nominations must be completed online at www.92computing.com.au/teamsnomination.htm with all details requested – no other form of nomination will be accepted. Division secretaries can offer assistance to their players where necessary. All players are asked to read carefully all of the requirements before nominating. Selection criteria can be found when clicking on above online form and can be printed from website.

1. All players must have an IPIN number to enter in ITF sanctioned events in 2015.
2. **REMINDER to players, you must renew the IPIN after 1st November, 2014 for 2015.**
go to www.itftennis.com.au/ipin for instructions.

P.T.O. for Player Release Form



**THE 2015 AUSTRALIAN TENNIS SENIORS TEAMS CARNIVAL
CANBERRA ACT**

5th January to 16th January 2015

PLAYER AGREEMENT AND RELEASE

In consideration of your agreement to allow me to participate in the 2015 Australian Tennis Seniors Teams Championships, Canberra ACT ("the Event"), I hereby agree, in submitting an entry form into the Event, as a condition of entry, that for me and my executors, administrators, heirs and personal representatives, all claims of any kind, nature and description are waived, including past, present or future claims and injuries, if any, sustained in travelling to or from or participating in the Event, against Tennis Seniors Australia Inc, Tennis Seniors ACT Inc, and all other participating Clubs.

Surname of Player.....First Name.....

Initials.....

Member's State/Territory.....

State/Territory/Division Registration No.....

Signature.....Date...../...../.....
