## 2020 Kegel Open Entry Form

| Name:  |  |  | Phone:   |  |
|--------|--|--|--|--|
| TRN7   | 7 Memhe  | ership:  | Division:  |  |
| 10112  | - i iembe  | <u></u>  | DIVISION:  |  |
| Emai   | l:   |  |  |  |
|        |  |  |  |  |
| Phone: |  |  | Payment: \$100 or \$225 (Delete one)               |  |
| Pa     | yments   |  | 188-00. Please use your name and Kegel as a prence |  |
| Prefe  | erred Qua  | alifying Squad (Circle 1)                          |  |  |
| Α      | -  | Saturday 19th September @ 8:30am (check in 8:15am) |  |  |
| В      | - Saturday 19th September @ 1:30pm (check in 1:15pm) |  |  |  |

## Practice: YES / NO (Delete one)

Please contact the centre on (04) 2374428 to book your time(s) between 4:30pm and 6:30pm

Practice on Friday as per entry form \$20 per hour/per lane