

NSWBA: EXPRESSION OF INTEREST TO LICENSE NSW STATE CHAMPIONSHIPS

CLUB NAME(S): _____

PRIMARY CONTACT DETAILS:

NAME _____
EMAIL ADDRESS _____
TELEPHONE _____

EVENTS APPLIED FOR (IN PRIORITY ORDER) :

EVENT NAME 1:

PROPOSED LOCATION(S): _____
PROPOSED SESSION DATE(S): _____
PROPOSED SESSION TIME(S): _____
PROPOSED NUMBER OF BOARDS: _____
PROPOSED ENTRY FEE(S): Members: _____ Non-members: _____

EVENT NAME 2:

PROPOSED LOCATION(S): _____
PROPOSED SESSION DATE(S): _____
PROPOSED SESSION TIME(S): _____
PROPOSED NUMBER OF BOARDS: _____
PROPOSED ENTRY FEE(S): Members: _____ Non-members: _____

EVENT NAME 3:

PROPOSED LOCATION(S): _____
PROPOSED SESSION DATE(S): _____
PROPOSED SESSION TIME(S): _____
PROPOSED NUMBER OF BOARDS: _____
PROPOSED ENTRY FEE(S): Members: _____ Non-members: _____

EVENT NAME 4:

PROPOSED LOCATION(S): _____
PROPOSED SESSION DATE(S): _____
PROPOSED SESSION TIME(S): _____
PROPOSED NUMBER OF BOARDS: _____
PROPOSED ENTRY FEE(S): Members: _____ Non-members: _____

DATE OF APPLICATION: _____

FURTHER NOTES:

