

ENTRY FEE £4 ATTACHED

Tick Box

Each individual must pay £4 to enter.

Please send cheques (payable to K.S.T.T.A.) with completed form by closing date Monday 7<sup>th</sup> February 2011 to:

Claire Moore (K.S.T.T.A. Secretary)  
c/o The Howard School  
Derwent Way  
Rainham  
Gillingham  
Kent. ME8 0BX

Tel: 01634 388765 ext 228

Fax: 01634 388558

Mobile: 07725724393

**Closing date: Monday 7<sup>th</sup> February 2011**



**The Howard School  
Table Tennis Centre**

Howard School Table Tennis Centre

**Centre Manager: Steve Waud**

**The Howard School, Derwent Way, Rainham, Gillingham, Kent.**

**ME8 0BX**

**Tel: 01634 361315**

# ENTRY FORM

## KENT SCHOOLS TABLE TENNIS INDIVIDUAL TOURNAMENT

2010/2011

## BOYS AND GIRLS' EVENTS

**THURSDAY 17<sup>TH</sup> FEBRUARY 2011  
AT**

**THE HOWARD TABLE TENNIS CENTRE,  
THE HOWARD SCHOOL, DERWENT WAY, RAINHAM,  
GILLINGHAM, KENT. ME8 0BX**

Individuals entering **MUST** inform their school P.E. Teacher, as Schools must be affiliated to the K.S.T.T.A. in order to enter individuals/ players.

**One entry form per player please**

Name Of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of P.E. Teacher: \_\_\_\_\_

I accept that the K.C.T.T.A. shall not be responsible for any loss or injury that may be incurred to a person (s) who takes part in this tournament. The foregoing does not affect your legal rights.

I fully understand and accept the rules of this tournament, including photographic consent. I understand my child will be supervised by a parent/guardian or P. E. Teacher throughout the tournament.

Signed: \_\_\_\_\_ (Parent/Guardian)

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Counter Signed: \_\_\_\_\_ (Pupil/Player) Please delete as necessary.

Please tick appropriate age group.

	YEAR 6	YEAR 7/8	YEAR 9/10/11	YEAR 12/13
GIRLS	U11 <input type="checkbox"/>	U13 <input type="checkbox"/>	U16 <input type="checkbox"/>	U19 <input type="checkbox"/>
BOYS	U11 <input type="checkbox"/>	U13 <input type="checkbox"/>	U16 <input type="checkbox"/>	U19 <input type="checkbox"/>

SCHOOL AFFILIATION CHEQUE ATTACHED  Tick Box

MY P.E. TEACHER HAS  Tick Box  
 AFFILIATED/PAID ALREADY  
 Either £12 per Secondary School or £8 per Primary School)

Name Of Player: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ School Year (09-10): \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel School: \_\_\_\_\_ Tel Home: \_\_\_\_\_

Current England ranking if appropriate: \_\_\_\_\_

Email: \_\_\_\_\_

Please note any medical conditions/allergies:

\_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Telephone Contact No: \_\_\_\_\_

(Your school must be affiliated to the K.S.T.T.A. £12 per secondary school/£8 per primary school, your individual entry will not be accepted without your school affiliation cheque).

Ages shall be reckoned after 31<sup>st</sup> August 2010. i.e. a pupil aged 11 on or after 1<sup>st</sup> September 2010, will be eligible to play in the Under 11 event.

P.T.O.