REGISTRATION FORM

Clubs NZ 26th North Island Euchre Championship 2025

CLOSING DATE FO	OR REGISTRATION: 2/fn SEPTEMBER 2	025	
Club:			
Contact Person:			
Email:	Phone:		
Due to space limitations we will acceptage if entries permit. Numbers are limited to 180 players NOTE: Please indicate any sitting please indicate any sitting please indicate and sitting please in	layers with an 'S'	vision for further	
PLAYERS NAME (PLEASE PRINT CLEA	ARLY)	L CUUR ANNA AREA	
1.	6.	CLUB NUMBER	
2.	7.		
3.	8.		
4.	9.		
5.	10.		
	Date:Signed:		
Entry Fee @ \$30.00 per person	Number of people	\$	
Saturday Lunch @ \$25.00 per perso	Number of people	Number of people \$	
Sunday Lunch @ \$25.00 per person IF SPECIAL DIET REQUIRED, PLEASE ADVISE N		Number of people \$	
Transport: Club Courtesy Van will be av Van Number: FREEPHONE 0800 425 822	vailable from 4pm Friday and Saturday. Gold Coi	n donation.	
Please ensure payment is made por Account Number: 03-1755-0344391-11 Particulars: Euchre N I Reference: Please send Registration Form to: kee (Note: Entry Fee and Meal Costs must account to the control of the costs must account to the costs must accoun	Club Name evin@vegepatch.net.nz	chre Adjunct	
Queries Contact (Tournament Cont Kevin Coxhead (Cocky) Mobile 021 402 99	venor) : 92, email kevin@vegepatch.net.nz, Brenda Boyd	027 412 8393	