

P L E A S E P R I N T C L E A R L Y

F O R M
E N T R Y



Name: _____ Gender: **M** **F**

Address: _____

Email: _____

Phones: _____

Date of Birth: / /

NZFDA Member?: **Yes** **No**
If No, then contact memsec@nzfda.org.nz

Doubles Partner: _____

Division: **Open** **Master [40+]** **Grand Master [50+]** **Junior [11-18]** **PeeWee [10 & under]** **First time player**

T-Shirt Size: **Sm** **M** **L** **XL** **2XL**

discgolf.co.nz

Please include cheque payment of \$65 made out to Gentil Sport.
Post to: Gentil Sport, PO Box 34217, Birkenhead, Auckland 1310.
Ph/Fx: 09 4832900, Mb: 021 922097

