EVENT DETAILS -- CLUB TO COMPLETE

Date Application

Lodged with

Zone

Club Name

Type of Event

Time:

Date of Event:

President’s Name

Secretary’s Name

Secretary’s Name

Number of Officials required

Name of Official if Particular one required

Format of Play (if applicable)

e.g. Triples/Fours

Club Contact for Official:

Club Contact Details: Ph: E mail:

e mail:

**ZONE SECRETARY TO COMPLETE**

Official allocated by Zone:

Date processed by Zone Secretary:

Position:

 Confirmation of Official sent to Club Yes or No

Signed by Zone Secretary:

**Please send to Zone Secretary and give one month notice**

**Harry Herring.**