2019 NATIONAL SCHOOL CHAMPIONSHIPS ENTRY FORM

SCHOOL: **STATE:**

Please note: By completing this entry registration form the School warrants that all information is accurate.
This form must be received by Judo Queensland office on or before 27 September 2019 or late fees will apply to all

Submitted on behalf of the School

Name: _____ **Position:**

Email: _____ **Phone:**

First Name	Last Name	Date of Birth	JA Member *Y/N*	Judo Grade (if any)	Email	Gender *M/F*

Conditions:

1. This form must be submitted by an authorised School Staff Member. No individual registrations will be accepted from athle
2. By submitting this form the school confirms that Parent/Guardian consent has been obtained for all students listed to partic
3. If a competitor is not a Judo Australia Member, then Special Temporary Event Membership will be provided.
4. If your school has more competitors than space available above, please submit an extra form(s) as required.

The cost is $35 per entry. Please arrange a single total payment from your school to Judo Queensland as follows:
BANK DETAIL - BSB: 484 799 ACCOUNT NUMBER: 502009706 REFERENCE: School Name

PLEASE RETURN COMPLETED REGISTRATION FORM TO: office@judoqueensland.or

entries.

Age Group *Jnr/Snr/Cad*	Weight Category	Division *(1/2)*

tes/parents/coaches.
ipate at this event.

Please enter total number of entries	***# of Entries***	***Payment***
	0	**$0**

g.au