

AUSTRALIAN WOMENS NATIONAL SNOOKER CHAMPIONSHIP-2014



Launceston Workers Club

66 Elizabeth St, Launceston TAS

18th - 20th July 2014



Sanctioned National Ranking Tournament



Tournament Director

Rex Swain,
0408 132 699
matpine@bigpond.com

Nominees must be a financial member of an affiliate of the Australian Billiards and Snooker Council.

Accommodation

Quality Hotel Colonial Launceston
31 Elizabeth Street (Cnr George St)
Launceston TAS 7250
Ph: 03 6331 6588

100 metres up Elizabeth Street from the Club

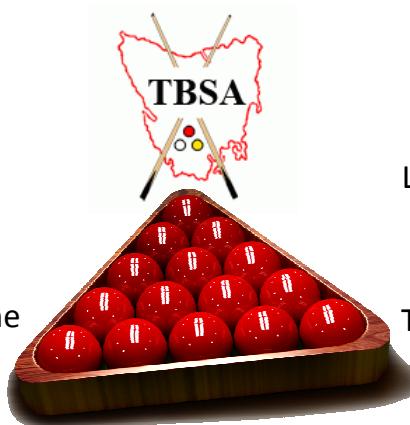
Rooms range from \$118 to \$150

Twin Share is at additional \$35pp a night

Entry Fee:

\$80.00

A Plate event to be held on Sunday for all non qualifiers of the Knock Out Stage

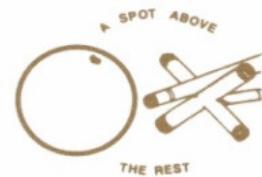


The WINNER will be considered to represent Australia in the 2014 IBSF World Snooker Championship in India

Airport Transfers

Launceston Airport is located 20 minutes from Launceston CBD/Club,

Tasmanian Billiards and Snooker Association will be arranging transport to and from the airport for Players interested.



AUSTRALIA'S LARGEST DISTRIBUTORS
FOR YOUR BILLIARD REQUIREMENTS

CONDITIONS OF ENTRY

1. The Championships will be conducted under Australian Billiards and Snooker Council Championship Playing Conditions, and all matters pertaining to Players' Code of Conduct will be adhered to.
2. Nominees must be a financial member of an affiliate of the Australian Billiards and Snooker Council.
3. Entrants must be an Australian Citizen, and not have represented another country for a period of 3 years. A completed entry form and entry fee will be required before any player is permitted to compete.
4. The format of the Championship will be round robin with players progressing to a seeded knockout draw.
5. Tournament standard dress is required: Dark trousers or dark skirts, no shorter than kneecap, predominantly plain coloured shirts with sleeves below the elbow, dress ladies dark coloured shoes (open or closed toe) shall be worn to all sessions. Waistcoat is required for the knock-out stage. Failure to comply with this condition may result in forfeiture of the match.
6. All players are to report to the Tournament Director 15 minutes before their scheduled starting time, and are to be ready to play at this time. Play will commence at 10:00am each day. Any player not in attendance at the scheduled starting time will forfeit one frame. After a further 15 minutes has lapsed, the absent player will forfeit the match. This also applies to players not correctly attired at the starting time.
7. The Winner of this Championship will be considered to represent Australia in the IBSF World Women's Snooker Championship.
8. A plate event will be held for players that fail to qualify through to the Knock Out stage of the Championship.
9. This entry form constitutes part of the conditions of entry. Changes may be made at the discretion of the Tournament Director.
10. Players may be subjected to Drug testing in accordance with the ABSC Drugs in Sport Policy.

All entries to be sent to The Treasurer, Rob Higgins, 75 Branscombe Road, Claremont, Tas. 7011

Payments payable by: Direct deposit:

Account Name: Tasmanian Billiards,

Cheques to be made payable to TBSA

Snooker Association

CLOSING DATE FOR ENTRIES: **Wednesday 9th July 2014**

BSB Number: 807 009

Airport Transport Required: Yes No

Account Number: 60097570

Reference: Player Name

Arrival Date: _____ Time: _____ Departing Date: _____ Time: _____

2014 AUSTRALIAN WOMENS SNOOKER CHAMPIONSHIP ENTRY FORM

Name: _____ Date of Birth: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email address: _____

I AGREE, IF SELECTED, TO TAKE A DRUG TEST AT THE EXPENSE OF THE ORGANISING ASSOCIATION AND IF THE TEST INDICATES A PRESENCE OF AN ILLEGAL OR NON PRESCRIBED DRUG(S), OR I FAIL OR REFUSE TO TAKE THE TEST, THEN I ACCEPT THAT I MAY BE AUTOMATICALLY DISQUALIFIED FROM THE EVENT AND FACE A POSSIBLE SUSPENSION. IN THE EVENT THE TEST INDICATES A PRESENCE OF ILLICIT DRUG(S), I RESERVE THE RIGHT TO HAVE MY SPECIMEN FURTHER TESTED, AT MY EXPENSE, AT AN APPROVED PATHOLOGIST'S LABORATORY.

INDEMNITY: All participants enter at their own risk. Neither the Club, nor sponsors, nor organisers shall be liable for any loss, injury or misadventure however arising.

I have read and understood the above, and I am conversant with the ABSC Players' Code of Conduct. I agree to abide by any decision of the Tournament Director in relation to this tournament.

Signed: _____

Date: _____