

13 June 2019



RSL Victoria  
Billiards & Snooker Association

**ATTENTION: Club Delegates**  
**BILLIARDS SEASON 2019**  
is scheduled to start on ..... **SEE BELOW**

**YOUR PROMPT ASSISTANCE is PARAMOUNT**  
to finalise planning of the season.

1. Telephone your Zone Delegate **NO LATER THAN JUNE 16<sup>th</sup>** to advise the **DEFINITE** number of teams your Club will be entering.  
  
# North Zone – telephone Carl Watts on 0409 210 600  
  
# Bayside Zone – telephone Bill Grant on 0421 313 901
2. Complete the attached Team Registration form.
3. Observe the lodgement procedures and deadlines on the form.

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**The NORTH Zone competition will definitely start on 27<sup>th</sup> June** and will comprise a season schedule of 20 home and away matches, plus a Final 4 series.

**BAYSIDE Zone competition likely to start on either 4<sup>th</sup> or 11<sup>th</sup> July.**  
A season schedule will be prepared as soon as final team numbers are known.

**NOTE:**

No competition play on **Thursday, 17 October** due to the Association's annual week-long tournament against our NSW colleagues.

Grand Finals and the State Championship matches scheduled for late November to early December.

**Please contact your Zone Delegate WITHOUT DELAY !!**



**COMPLETE this form, PAY fees, SCAN & EMAIL to**  
[rslnookerbilliards@gmail.com](mailto:rslnookerbilliards@gmail.com)

**RSL Victoria Billiards & Snooker Association  
Team Registration – Billiards 2019**

Club Name	Cost per team of 8 players	Number of Teams	Fees Due
	<b>\$175</b>		
<b>PLEASE PAY VIA BANK – ELECTRONIC FUNDS TRANSFER</b>			
BSB: 013-030 Acct: 8372 79568 Name: RSL of Australia	Please INCLUDE your CLUB NAME and the word BILLIARDS in EFT	DATE PAID:       /       /	

**Team #1 name:** \_\_\_\_\_

Player name	RSL Memb No.	Player name	RSL Memb No.
1		5	
2		6	
3		7	
4		8	

**Team #2 name:** \_\_\_\_\_

Player name	RSL Memb No.	Player name	RSL Memb No.
1		5	
2		6	
3		7	
4		8	

*If entering more than 2 teams, attach separate page.*

**Nominated Club Delegate:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

email Address: \_\_\_\_\_

**I verify that each nominated player is a current financial member of this club and/or the RSL.**

Name of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_

Position held within Club/Section: \_\_\_\_\_