



Queensland Masters Squash Association Inc.

TOURNAMENT APPLICATION FORM 2027

SQUASH CENTRE NAME:

CENTRE ADDRESS:

..... P/CODE:

EMAIL ADDRESS:

TELEPHONE: MOBILE:

NUMBER OF COURTS:

PREFERRED DATE: 1

2

3

DATES UNAVAILABLE:

.....

.....

PREFERRED FORMAT: (eg: Mixed Individual, Timed Teams, Timed individual, PAR15, Best of 5, Doubles, 1 Day etc.)

1..... 2..... 3.....

CONTACT NAME:

MOBILE:

OTHER COMMENTS:

.....

I/WE AGREE TO ABIDE BY THE QMSA TOURNAMENT GUIDELINES AND GENERAL RULES OF COMPETITION

SIGNED: Date: