Competition Request Form 2025 - 2026





Name of Competition	_							
Competition Venue								
Tournament Organisers Na	ame							
Contact Number								
Email Address								
Tournament Referee Name	<u> </u>							
Contact Number								
Email Address								
Competition Type								
Singles (Groups – Knockout)		Singles (Groups – Knockout + Plate)			Single Band Events (Group – Knockout)			
Singles (Progressive Groups)		Singles Banded (Progressive Groups)			Team Event			
Competition Date/s: Event Categories (Tick /	Applicable)							
		,			Gender Session Start Time			
Age Category	Singles	1	Male	Female		AM	PM	
Over 70s Open								
Over 60s Open								
Over 50s Open								
Veteran Open								
Senior Open								
Under 21 Open								
Junior Open								
Cadet Open								
Under 13 Open								
Under 11 Open								
We agree that the competition Competition Organiser Sig		w the TTW comp	etition proc	edure c	or the seas		6	