



CAQ PLAYER REGISTRATION FORM

NEW RE-REGISTER DE-LIST TRANSFER 2nd CLUB

PLEASE TYPE DETAILS INTO THE SPACES PROVIDED

CAQ CLUB:

FAMILY NAME:

GIVEN NAME:

STREET ADDRESS:

TOWN/SUBURB: POSTCODE:

PHONE: GENDER: Female Male Other

EMAIL: DATE OF BIRTH:

I AGREE TO ABIDE BY THE ASSOCIATION'S PLAYER CODE OF CONDUCT

Player/Guardian Signature: _____

CAQ OFFICE USE ONLY
Received at Office:
CAQ Treasurer:
Date Forwarded:
CAQ REGISTRATION OFFICER TO COMPLETE
ACA ID: _____
FORM Rec: _____
Processed: _____
Card Posted to Club: _____
Signed Registration Officer: _____

CLUB SECRETARY TO COMPLETE:

Please scan and send to: membership@croquetqld.org

CLUB SECRETARY'S SIGNATURE:

DATE: ___/___/___

DISCIPLINE PLAYED (Please Tick)

Association Handicap

Gateball

Golf Croquet Handicap

Ricochet Handicap

FINANCIALLY ASSISTED BY THE QUEENSLAND GOVERNMENT

CAQ acknowledges the traditional custodians of the lands and waters of Queensland. We offer our respects to elders past, present and emerging as we work towards a just, equitable and reconciled Australia.