**Entry Form**

**Venue:** Fort Regent, St Helier, Jersey, JE2 4UX

**Referee:** Steve Smith (IR)

**Referee’s Assistant:** Duncan Mills

**Tournament Organiser:** Paul Silcock

**Organising Committee:** Table Tennis Jersey Competitions Committee

**Dates**

**Event Dates:** Saturday 19 & Sunday 20 April 2025

**Closing Date:** Midnight on Wednesday 2 April 2025

**Draw Date:** Saturday 12 April 2025

**Ranking List:** March 2025 Issue

**Categories and Entry Fees**

Players can compete in the below categories across the weekend. The first event that you enter will cost £50 of which £10 of this is a deposit which is refundable. The second category is £15 with each additional category that you enter will cost £10 each.

**1 Category - £50 / 2 Categories – £65 / 3 Categories £75 / 4 Categories £85**

|  |  |
| --- | --- |
| **Saturday** | **Sunday** |
| * Both Bands\* (2) * Only my Eligible Band * Only the eligible band above me * My eligible band in the morning * My eligible band in the afternoon | * Men’s / Women’s Singles (1) * Men’s Under 21’s (3) * Women’s Under 21’s (3) * 21 – 39 Restricted Singles (4) * Veterans Mixed singles (5) |

**PROVISIONAL PLAYING SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Saturday** | | **Sunday** | |
| 08.45 | Men’s Bands 2, 4 & 6 groups  Women’s Band 2 & 4 groups | 08.45 | Men’s singles groups  Women’s singles groups |
| 12.00 | KO rounds of above to finals | 11.30 | KO rounds of above to finals |
| 14.00 | Men’s Bands 1, 3 & 5 groups  Women’s Bands 1 & 3 groups | 14.00 | Under 21 Men’s & Women’s groups  Mixed Restricted groups (Aged 21-39)  Mixed Veteran groups |
| 17.00 | KO rounds of above to finals | 17.00 | 17:00 KO rounds of above to finals |
| 19.00 | Finish | 19.00 | Finish |

This form must be completed in BLOCK CAPITALS. A separate entry form must be completed for each player and sent to the Tournament Organiser, Paul Silcock, at to arrive no later than the closing date. All entrants should ensure that they have read the conditions which apply to this tournament.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Gender |  |
| Date of Birth |  | Contact Number |  |
| Address |  | | |
|  | Post Code |  |
| E-Mail Address |  | | |
| Please detail any relevant disability, accessibility, or health issue | |  | |
| Name of competitive member’s National Association: | |  | |
| Please state your Table Tennis England ‘Compete Plus’ TTID Membership number If you don’t hold a membership, please refer to regulation 1. | |  | |
| County of Affiliation: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please enter me for: | | First Event Choice - £50 | Subsequent Events - £15/£10 |
| 1. Men’s / Women’s\* Open Singles   \*Delete Men’s or Women’s as appropriate. | |  |  |
| 2. Banded events (please select one of the following): |  |  |  |
| Both bands I am eligible for |  |  |  |
| or Only for my own band |  |  |  |
| or Only for the band above my own |  |  |  |
| or Only for my eligible band played in the morning |  |  |  |
| or Only for my eligible band played in the afternoon |  |  |  |
| 1. Under 21 Men’s / Women’s Singles | |  |  |
| 4. 21 – 39 Mixed Restricted Singles | |  | £ |
| 5. Veterans Mixed Singles | |  |  |
| **First Fee Entry** | |  | **£50** |
| **Subsequent Events Total** | |  |  |
| **Grand Total** | |  |  |

**Please send complete entries to**

**via email to** [**paul.silcock.jtta@gmail.com**](mailto:paul.silcock.jtta@gmail.com) **or**

**via post to – Paul Silcock – Leikanger, La Grande Route Des Sablons, Grouville, Jersey, JE3 9FQ**

**Followed with payment of the correct amount to**

**Account Name: Jersey Table Tennis Association**

**Sort Code 30-94-61 Account No 01343205**

**Please use the Reference: JGP + Player name**

**Player’s Undertaking**

I undertake to observe the regulations of the tournament, to abide by the decisions of the Referee, and to fulfil the schedule of play arranged for me unless prevented from doing so by circumstances beyond my control and accepted as such by the Referee.

**GDPR & ACTIVITY CONSENT FORM**

Table Tennis Jersey & Table Tennis England require consent to the use of personal data in the administration of this competition. In accordance with the TTE Privacy Policy; the information will be shared where necessary with the organisers and event committee. For a player under 16 this consent must be given by a parent or guardian, who must also confirm agreement to the players participation in the competition. If you would like any further information, please refer to the Table Tennis England privacy policy which can be found at <https://www.tabletennisengland.co.uk/privacy-policy/> .

**If a player is 16 or over:**

**Data Protection**

I am the player named above and I consent to the use by TTE of my personal data in the administration of this competition.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a player is under 16:**

**Data Protection & Activity Consent**

I have legal responsibility for the player named above and I consent to his/her participation in the competition, and to the use of TTE of his/her personal data in its administration.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to player:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**PTO (next page)**

**Anti-Doping**

The UK Anti-Doping Rules apply to all persons entering an event or competition, for whichever is longer of a) the length of their membership or licence period; or b) 12 months from the date of their participation, whichever or not the entrant or licence holder is a citizen of, or resident in the Uk.

A player under 18 may not participate in a Table Tennis England event or competition unless a parent or guardian of that player has consented to testing of that player in the following form.

**Anti-Doping Acknowledgement**

I have legal responsibility for the player named above and I confirm that I have read the TTE Anti-Doping Regulations (Appendix P) and that I hereby acknowledge that the player is bound by these Regulations.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to player:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_