



# The 2010 Australian Open Billiards Championship

Tuesday 15<sup>th</sup> – Saturday 19<sup>th</sup> June

Yarraville Club

135 Stephen St, Yarraville VIC



## Conditions of Play

1. The Championship will be conducted under Australian Billiards and Snooker Council Championship Playing Conditions, and all matters pertaining to Players' Code of Conduct will be adhered to.
2. Nominees must be a financial member of an affiliate of the Australian Billiards and Snooker Council or an affiliate of the International Billiards and Snooker Federation.
3. Entries will only be received on the official entry form and must include the entry fee. A completed entry form and entry fee will be required before any player is permitted to compete.
4. The format of the Championships will be a seeded knockout draw. All play will be in the 150-up format (minimum Best of Seven).
5. Tournament standard dress is required: Long sleeve predominately plain coloured shirts buttoned at the wrist, bow ties and dark colour dress shoes must be worn for all matches, Waistcoat is required from the quarter finals onwards. **Failure to comply with this condition will result in forfeiture of the match.**
6. All players are to report to the Tournament Director 15 minutes before their scheduled starting time, and are to be ready to play at this time.
7. This entry form constitutes part of the conditions of entry. Changes may be made at the discretion of the Tournament Director.
8. Prize money will be dependent on the number of entries.
9. Players may be subjected to Drug testing in accordance with the ABSC Drugs in Sport Policy.

**Entry Fee: \$100.00** (cheques to be made payable to VBSA)

Direct debit to: BSB 013-236 Account No. 297 730 994 – Ref: AOBC + your name

**Closing Date: Wednesday 2<sup>nd</sup> June 2010**

*Submit Entries to:* VBSA  
PO Box 5270BB  
GPO Melbourne VIC 3001

*Enquiries*  
Kim Ivett  
kivett@qantas.com.au  
0402 037 869

*Tournament Director*  
Adam Wyard  
awyard@gmail.com  
0412 387 469

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## 2010 AUSTRALIAN OPEN BILLIARDS CHAMPIONSHIP ENTRY FORM

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

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**INDEMNITY:** All participants enter at their own risk. Neither the Club, sponsors, nor organisers shall be liable for any loss, injury or misadventure however arising.

I have read and understood the above and I am conversant with the ABSC Players' Code of Conduct. I agree to abide by any decision of the Tournament Director in relation to this tournament.

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