RSL Victoria
Billiards & Snooker Association

26 May 2026

ATTENTION: Club Delegates

BILLIARDS SEASON 2026

is scheduled to start soon.

REGISTER YOUR TEAMS NOW!!

YOUR PROMPT ASSISTANCE is PARAMOUNT
to finalise planning of the season.

- **BAYSIDE ZONE will start on 25 June:**
  1. **telephone Mike Grant** on 0459 088 853 **no later than 4 June** to advise the number of teams your Club will be registering for this season, then
  2. **complete and submit** the attached Registration Form **no later than 18 JUNE**

- **NORTH ZONE will start on 30 July:**
  1. **Telephone Carl Watts** on 0409 210 600 **no later than 9 July** to advise the number of teams your Club will be registering for this season, then
  2. **complete and submit** the attached Registration Form **no later than 23 JULY**.

NOTE:

- Season schedules will be finalised and published as soon as final entries are known.
- Actual dates will depend on the number of teams registered.
- ALL Zone Finals tentatively scheduled for 10th December.
  State Championship matches tentatively scheduled for 17th December.
- No competition play on Thursday 15th October (VIC - NSW annual tournament).

Please encourage players interested in representing RSL Victoria in SYDNEY from 12th to 16th October to contact Paul Black on 0417 336 989 without delay.
LIMITED SPOTS AVAILABLE.

Questions?

Contact your Zone Delegate WITHOUT DELAY !!

- **Bayside Zone** – Mike Grant, on 0459 088 853
- **North Zone** – Carl Watts, on 0409 210 600

RSL (Victoria) Billiards & Snooker Association

Team Registration – BILLIARDS 2026

COMPLETE this form, then SCAN & EMAIL to

rslsnookerbilliards@gmail.com **no later than DUE DATE** (see page 1).

CLUB Name	TEAM Name	*If entering more than one team, complete and attach a separate form.*	Cost per team (Max. 8 players)
			$200
An appropriate invoice will be issued to each Club's nominated delegate following lodgement of all registration forms.			

Team name: _____

NOTE: Contact details required for each team member for VBSA affiliation purposes as well as to better facilitate Association correspondence with members.

Player name	Contact phone number	RSL or Club membership number
1		
2		
3		
4		
5		
6		
7		
8		

Nominated Club Delegate:

Name: _____ Telephone: _____

Email: _____

I verify that each nominated player is a current financial member of this club and/or the RSL.

Name of person completing this form: _____ **Date:** _____

Position held within Club/Section: _____