



Chief Executive Officer: Shane Warbrooke
President: Bruce Penberthy
Chairman: Wayne Gear

Auckland Table Tennis Association
99a Gillies Avenue, Newmarket
Phone: (09) 520-2291
Mob: (027) 270-3166
Email: aucklandtt@xtra.co.nz
<http://www.tabletennis.net.nz>

2025 CENTRAL AUCKLAND PRIMARY & INTERMEDIATE SCHOOLS TABLE TENNIS TEAM COMPETITION – TERM 2



Primary & Intermediate schools are invited to enter teams in the upcoming Term 2 competition commencing on **Wednesday 7th May 2025**.

Entries close on Friday 2nd May 2025.
Please e-mail entries to tabletennisnr@gmail.com

The competition will consist of A & B Grades.

All teams to consist of a minimum of 3 players and a maximum of 5 players. Teams may be a mix of genders. In any given session of the competition three players will play 2 singles matches each and any two of the registered players for a team will combine to play one doubles match. (7 matches in total per contest)

Each match will be the best of 3 games to 11 points.

Venue: Auckland Table Tennis Stadium, 99a Gillies Avenue, Epsom.

Competition Dates:

Wednesday May 7th (Grading), 14th, 21st, 28th
Wednesday June 4th, 11th, 18th, 25th

Session time: 4:00pm – 5:30pm

Entry fee: \$140 per team payable in cash OR via bank transfer to 12-3013-0104400-00

All teams must supply their own balls, however these may be purchased from the night co-ordinator for \$2.50 each. School sports uniform and non-marking sport shoes should be worn at all times.

The Auckland Table Tennis Association will apply the Laws and Regulations of Table Tennis as sanctioned by the ITTF.

For general information in relation to the competition please contact:

Ebi Kleiser (Competition Co-ordinator)

Auckland Table Tennis Association

Ph 021 0830 9994

e-mail: tabletennisnr@gmail.com

**2025 Central Auckland Primary & Intermediate Schools
Table Tennis Team Competition – Term 2
Individual Entry Form**

Name: _____ **Room #** _____

School: _____

Home Email: _____

Home Phone: _____ **Mobile:** _____

Date of birth (dd/mm/yy): _____

Please name the other players you have formed a team with:

	Player names:	Room #
1		
	(he/she must also return their signed form)	
2		
	(he/she must also return their signed form)	
3		
	(he/she must also return their signed form)	
4		
	(he/she must also return their signed form)	

I give permission for my child to play in the Table Tennis Competition.

Signed: _____ **Date:** _____

(Parent/Caregiver)

You must return this notice in person to Ebi Kleiser

OR e-mail it to tabletennisnr@gmail.com

before Friday 2nd May 2025

We look forward to hearing from you!