



## APPLICATION FOR PRIVILEGED ACCESS TO SQUASH MATRIX

I,	of		
(Name)	(Home Address)		
to time on at <u>www.squa</u> on <u>www.squashmatrix.cc</u>	sh.org.au) and the Squash Matrom) and accept responsibility formy privileged access and that m	ix Privacy Policy (a or any action or ir	nadvertent release of
	/ /		
(Signature)	(Date) (I	Email Address)	
level indicated below (ple		_	ccess to the Squash Matrix at the Club access, use the Club name that
REGIONAL	EVENT/COMPETITIO	N	CLUB
(Name of Region)	(Name of Event / Competi	ition)	(Name of Club)
(Name)	(Signature)	/ / (date)	(State / Territory)

State/Territory Matrix Administrators, please ensure the form is filled in correctly before submitting the completed and signed form to Squash Australia:

Mail: Squash Australia, Office 9 Sports House, 150 Caxton Street, Milton QLD 4064

Fax: (07) 3367 3320

E-Mail: <u>membership@squash.org.au</u>

Following processing of your application you will receive an email confirming your access with instructions on how to access your login and set your own password.