



Chief Executive Officer: Shane Warbrooke  
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Auckland Table Tennis Association  
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<http://www.tabletennis.net.nz>

## 2026 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 29<sup>th</sup> April 2026**.

Entries close on Friday 24<sup>th</sup> April 2026.  
Please e-mail entries to [tabletennisnr@gmail.com](mailto: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 April 29<sup>th</sup> (Grading),  
Wednesday May 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>  
Wednesday June 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>

**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](mailto:tabletennisnr@gmail.com)

**2026 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:**

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

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](mailto:tabletennisnr@gmail.com)  
before Friday 24<sup>th</sup> April 2026**

**We look forward to hearing from you!**