



Chief Executive Officer: Shane Warbrooke
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Auckland Table Tennis Association
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2026 EAST 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 29th April 2026**.

Entries close on Wednesday 22nd April 2026.
 Please e-mail entries to tabletennisnr@gmail.com

The competition will consist of A, B & C 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 5 games to 11 points.

Venue: Pakuranga Community Hall, 346 Pakuranga Highway, Pakuranga

Competition Dates:

Wednesday April 29th

Wednesday May 6th, 13th, 20th, 27th

Wednesday June 3rd, 10th, 17th – Fun Games & Prize Giving, final session

Session times: 3:30pm – B & C Grade, 5:00pm – A Grade

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:

Patrick Low (Competition Co-ordinator)	OR	Ebi (Development Coach)
Auckland Table Tennis Association		Auckland Table Tennis Association
Ph (09) 533 0537, (021) 0244 8982		Ph 021 0830 9994
e-mail: patrick.low@xtra.co.nz		e-mail: tabletennisnr@gmail.com

**2026 East 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 Patrick Low
OR e-mail it to tabletennisnr@gmail.com
before Wednesday 22nd April 2026**

We look forward to hearing from you!