LEAGUE REGISTRATION FORM

CLUB NAME ……

PLEASE RETURN THIS FORM TO THE LEAGUE SECRETARY AT THE ABOVE ADDRESS BY THE

FAILURE TO DO THIS WILL RESULT IN YOUR TEAM HAVING TWO POINTS DEDUCTED EACH WEEK AFTER THIS DATE UNTIL THE FORM IS DELIVERED TO THE LEAGUE SECRETARY.

CAPTAINS NAME & TELEPHONE NUMBER……

AVAILABLE E-MAIL (if possible) ……

PUB/CLUB TELEPHONE NUMBER……

PLEASE PRINT

SURNAME	FORENAME	HOME ADDRESS	SIGNATURE