



## PLAYERS REGISTRATION FORM

**CLUB NAME:** ..... **CLUB AFFILIATION NO:** .....

**TEAM NAME:** ..... **SCHOOL YEAR:** .....

**TEAM MANAGER:** ..... **PHONE NO:** ..... **E-MAIL:** .....

**PLEASE USE CAPITAL LETTERS AND PRINT CLEARLY. THIS FORM WILL BE PART OF THE LEAGUES FILING SYSTEM**

	First Name	Surname	Date of Birth	Player Affiliation No	Playing Up Record			
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**PLEASE NOTE:** Your initial registrations must be sent to the Registration Secretary using ***this*** form before your first league game at the beginning of the season.

Completed forms to be returned to: Jackie Webb, 69 Daffodil Way, Springfield, Chelmsford, Essex CM1 6XE or by **E-mail** at [jax.webb@tiscali.co.uk](mailto:jax.webb@tiscali.co.uk)