



TEAM REGISTRATION FORM

CLUB NAME:

CLUB AFFILIATION NO:

TEAM NAME:

A, B, C TEAM?

SCHOOL YEAR 2017/18:

TEAM MANAGER:

PHONE NO:

E-MAIL:

PLEASE USE CAPITAL LETTERS AND PRINT CLEARLY (IN ALPHABETICAL ORDER).
THIS FORM WILL BE PART OF THE LEAGUES FILING SYSTEM

	SURNAME (ALPHABETICAL ORDER)	FIRST NAME	DATE OF BIRTH	PLAYER AFFILIATION NO	PLAYING UP RECORD (LEAGUE USE ONLY)			
1.								
2.								
3.								
4.								
5.								
6.								
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20.								
21.								

PLEASE NOTE: Your initial registrations must be sent to the Registration Secretary using ***this*** form before your first league/cup 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