



Affiliated to E.P.A. and H.P.A

Chairman: Chris King
24 Beresford Close
Waterlooville
Hampshire
PO7 5UN
07740 277014

Secretary: Mark Trotter
3 Muriel Road
Waterlooville
Hampshire
PO7 7TE
07764 147230

Hon. Presidents: T Tait, S O'Boyle, G Hayden, D To

SUMMER LEAGUE TEAM PLAYER REGISTRATION Date.....

NAME OF TEAM: CAPTAIN'S NAME:

PLAYER'S NAME: AGE:
ADDRESS: (If under 18)
TEL NO: PLAYER'S SIGNATURE:

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ADDRESS: (If under 18)
TEL NO: PLAYER'S SIGNATURE:

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TEL NO: PLAYER'S SIGNATURE:

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ADDRESS: (If under 18)
TEL NO: PLAYER'S SIGNATURE:

To be completed by the League Committee: Fee Received:
Date received: Date eligible to play: