



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

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LEAGUE TEAM PLAYER REGISTRATION Date.....

NAME OF TEAM: _____

CAPTAIN'S NAME: _____

PLAYER'S NAME: _____

AGE: _____

ADDRESS: _____

(If under 18)

TEL NO: _____

PLAYER'S SIGNATURE: _____

PLAYER'S NAME: _____

AGE: _____

ADDRESS: _____

(If under 18)

TEL NO: _____

PLAYER'S SIGNATURE: _____

PLAYER'S NAME: _____

AGE: _____

ADDRESS: _____

(If under 18)

TEL NO: _____

PLAYER'S SIGNATURE: _____

PLAYER'S NAME: _____

AGE: _____

ADDRESS: _____

(If under 18)

TEL NO: _____

PLAYER'S SIGNATURE: _____

PLAYER'S NAME: _____

AGE: _____

ADDRESS: _____

(If under 18)

TEL NO: _____

PLAYER'S SIGNATURE: _____

To be completed by the League Committee:

Fee Received: _____

Date received: _____

Date eligible to play: _____