

**RADCLIFFE AND DISTRICT POOL LEAGUE  
REGISTRATION FORM**  
(PLEASE FILL IN ALL THE BOXES CLEARLY IN BLOCK CAPITALS)

**TEAM**

<b>NAME OF TEAM</b>	
<b>ADDRESS</b> (incl. Postcode)	
<b>PHONE No.</b>	

**PLAYERS**

FIRST NAME	SURNAME	SIGNATURE	PHONE No.	EMAIL
1. CAPTAIN				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

\* Email Address will be used for correspondence only and will not be passed on to any other party.

REGISTRATION FORMS SHOULD BE RETURNED ON TIME WITH THE CORRECT REMITTANCE

REGISTRATION FEE FOR A MINIMUM OF TEN PLAYERS IS **£50**, THEREAFTER **£5** PER PLAYER.

PLEASE MAKE **CHEQUES** PAYABLE TO THE **RADCLIFFE AND DISTRICT POOL LEAGUE**

**ANY ENQUIRIES PLEASE CONTACT...**

KATH MONTGOMERY, TREASURER 0161 724 8718

<b>OFFICE USE ONLY</b>
NO. OF PLAYERS _____
<b>PAYMENT RECEIVED</b>