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| **LUTON & DISTRICT TABLE TENNIS LEAGUE** |
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|
| **REQUEST FOR NEW PLAYER REGISTRATION 2019-20** |
|  |  |  |  |  |  |  |  |  |
| **Name of Club** |   |
| **Name of Team** |   |
| **Players Name** |   |
| **Date of Birth** |   | **TTE IM No.** |   |
| **Address** |   |
|
| **Post Code** |  | **Email** |   |
| **Telephone** |   | **Mob.** |   |
| **Playing Experience** |   | (please provide details of most recent Table Tennis Leagues played in, season and ***HIGHEST*** division(s) reached |   |
|
| League |   |
| Division |   | Year |   |
|   |  |
| League |   |
| Division |   | Year |   |
|  |
| League |   |
| Division |   | Year |   |
|  |
| **Playing Standard** |   | ***Beginner*** | ***Local League*** | ***County*** | ***National*** | ***International*** |
| (please tick one box) |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **This request must be sent to the Registration Secretary, with payment, approved by the Committee and registered with TTE before the named player is allowed to play** |
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