Cardiff & District Table Tennis League Teams wishing to compete in the season starting October 2022.

(Please complete one form for each team to be entered in the League)

| Name of Club: | | |
|---|--|-------------|
| Club Full Address | | |
| cias i an maaress | Postcode | |
| Name/Number of team | Secretary's name: | |
| Secretary's Address | | |
| | PCode | |
| Telephone (Landline) | Telephone(Mob) | |
| Email address | | |
| the names of the players | opriate division for a team, the Pre-season General Meeting win who will play in this team. ide the names of at least three players who will play for this to a second se | |
| 2 | 4 | |
| • | lay in a Central Division which will play all of its matches at inis Club, Unit 4 Dominions Way Trading Estate, Newport by evenings? | Yes or No? |
| If the League is unable to in the normal Divisional s | form a Central Division would this team wish to participate structure? | Yes or No? |
| Home Matches at the Ca | ed a place in the Central Division, would it want to play its rdiff City Table Tennis Club, Unit 4 Dominions Way Trading ardiff either on Thursday or another evening? | Yes or No? |
| | aying its home matches at the Cardiff City Table Tennis Club, e matches and on which day? | Home night? |
| Home | | L |
| Venue | | |
| Address | Postcode | |
| | | |

This form when completed should be sent to Geoff Lloyd, 55 Nicholson Webb Close, Llandaff, Cardiff, CF5 2RL or by e-mail to: cardiff.ttleague.sec@gmail.com

Forms <u>must</u> be received by MONDAY 15th. AUGUST 2022
At the Latest