









Local League Team Application for 2016-17 Season - Register your interest - respond by FRIDAY 24 JUNE

Your Name:											
READING LEAGUE											
	Divisi	ion(s) Pi	referred	(choose	e one)	Home Night(s) Preferred (choose one or more)			Any home nights you CAN'T make?		
Choose one:	1	2	3	4	5	Mon	Tue	Wed			
		nany ma	age Ava	o you th		Are you willing to captain the team?			Do you want to play in the Team Handicap Competition?		
	25%	50%	75%	90%	100%	YES	only if nobody else will	NO	YES	NO	
Choose one:											
Please enter any may be relevant (for example, if y would like to play	to the se you alrea	lection o	committe which t	ee.							
BRACKNELI											
	Divisi	vision(s) Preferred (choose one)				Home Night(s) Preferred (choose one or more)			Any home nights you CAN'T make?		
Choose one:	Prem		Div 1		Div 2	Thur		Fri			
	Percentage Availability?					Are you willing to captain the team?			Do you want to play in the Howard Shield?		
Choose one:	25%	50%	75%	90%	100%	YES	only if nobody else will	NO	YES	NO	
Please enter any may be relevant (for example, if y would like to play	to the se you alrea	lection o	committe which t	ee.							

Please tick, check and complete as necessary. We will use our best endeavours but no guarantee can be given to providing a place of your choice but we will offer appropriate competitive play where possible. We may still ask you to be captain, even if you state 'no' because every team must have a registered captain and if nobody volunteers it will be necessary to nominate one of you before the team can be registered.

Players will be advised of team allocations in due course together with amount required for team and player registration fees.