

MEMBERSHIP APPLICATION FORM FOR LEAGUE PLAYERS SEASON 2015/16

NAME	
ADDRESS	<u> </u>
HOME TEL	MOBILE TEL
E MAIL	
DATE OF BIRTH	
I am happy that any photos taken during club acti- reports and on the club website – to be signed by p SIGNED	parent or guardian if under 18
TEAM WISHING TO PLAY FOR	PREFERRED DIVISION
HOME MATCHES TO BE PLAYED AT TEIGN SCHOOL COMMENCES WEEK BEGINNING 5 th OCTOBER 2015 JUNIORS TO AWAY FIXTURES, WHICH COULD BE O PARENTS TO OCCASIONALLY HELP OUT.	
SOUTH DEVON LEAGUE MEMBERSHIP FEES - SEN	IIOR £12.00, JUNIOR (Under 18) £8.00
THERE IS A MATCH FEE OF £5 FOR EACH HOME MA	ATCH TO HELP PAY FOR THE VENUE
YOU TO JOIN at Table Tennis England Membershi	MBERS OF TABLE TENNIS ENGLAND, WHICH WE ASK or by PHONE 0845 0500 388, SENIOR £10, JUNIOR £5 AY FOR NEWTON ABBOT TTC in the SOUTH DEVON & NTION. The club can do this for you if you are
TABLE TENNIS ENGLAND MEMBERSHIP NUMBER_	

Please return this form together with the correct remittance by 30th August 2015 to: Newton Abbot TTC Secretary, Tony Halse, 76 Palace Meadow, Chudleigh, Newton Abbot, TQ13 0PJ