

**SALISBURY TABLE TENNIS ASSOCIATION**

**Team Registration Form for the playing season 2018/2019.**

Please fill in the following information to register your team with the STTA.

|  |  |
| --- | --- |
| Club |  |
| Team Name |  |
| Division |  |
| Home Night |  |
| Home Venue |  |
| Team registration fee | £20 |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | Name | TTE number (if known) |
| Team Captain |  |  |
| Player 2 |  |  |
| Player 3 |  |  |
| Player 4 |  |  |
| Player 5 |  |  |
| Player 6 |  |  |
| Player 7 |  |  |

**Please submit this form to: Gill Thompson, 18 Alder Drive, Alderholt, Dorset, SP6 3EP**

**Or by email to:** **arkle46@aol.com** **by 10th AUGUST 2018 to enable the committee to form the divisions.**

**Please send Team fee with this form.**

No Team will be entered in the league until the form is received with the Team Fee.