			Preferred Division	Team Name	
Division in which team of Please state if you would like	competed last season: - to entered into a cup competit	() ion or have a free we	ek?Which scoring system	would you prefer? 10 points or	1-4?
Team Secretary and Ac	ldress:				Post Code -:
Telephone No`s: Hom	e -:	Business:	: Mobi	le:	
E-Mail Address			h	Home Match Night:	
REGISTRATION LIST (OF PLAYERS WHO WIL	L ASSIST TEAM			
FIRST NAME	SURNAME	D.O.B	ADDRESS	ETTA NUMBER	Email address for newletters &
FFF0 640 Overset					
FEES £10 Guarantee Fee per team. If no one attended AGM					£
£20 per senior player. (£80 for up to 6 players) (eo £20 for more than 6) – JUNIORS HALF PRICE					£
Fees must be enclosed with entry form or paid by BACS to HSBC sort code:40-44-02 Acc no. 21170368 TOTAL =					. = £
Fees must be					

Extra copies of this form will be sent on request (or may be photocopied). **CLOSING DATE FOR ENTRIES - Saturday 1st September 2019** Entries received after that date will only be accepted if a suitable vacancy exists. Please post and include payment in full to "Tamworth & District Table Tennis Assoc.",

To: C/O Dawn Sagoo, "Roseanais", Arley Hall Farm, Oak Avenue, Old Arley, Warwicks. CV7 8FN