b					Preferred Division	Team	Name		
		competed last season: - to entered into a cup competit		eek?					
Te	eam Secretary and Address:							Post Code -:	
Te	elephone No`s: Home -:								
E-	-Mail AddressHome Match Night:								
R	EGISTRATION LIST (OF PLAYERS WHO WIL	L ASSIST TEAM	1					
	FIRST NAME	SURNAME	D.O.B	ADDRESS	6	E.	TTA NUMBER	Email addres	s for newletters & inf
		FEES £10 Guarantee Fee per team. If no one attended AGM						£	
		£20 per senior player. (£80 for up to 6 players) – JUNIORS HALF PRICE						£	
		Fees must be enclosed with entry form.					£		
N	ote: Additional Regis	strations may be submitt	ed later but will C	NLY be accep	oted at the discretion	n of the Match	Secretary.		
Si	gned		Hon. Cl	ub Secretary -:					

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