**Southport & District Table Tennis League**

**Club Registration – Season 2018/19**

|  |  |  |
| --- | --- | --- |
| **Club -** | Name |  |
|  | Address |  |
|  |  |  |
|  |  |  |
| **Secretary -**  | Name |  |
|  | Address |  |
|  |  |  |
|  |  |  |
|  | Post Code |  |
|  | Telephone no. (and code) |  |
|  | E-mail address |  |

On behalf of the above Club, I wish to apply for membership of the Southport & District Table Tennis League for the forthcoming season and I undertake to ensure that all members of the Club uphold the spirit of sportsmanship and the Rules of the League to the best of my ability.

|  |  |
| --- | --- |
| Secretary’s signature…  | Date...  |

This form must be sent to the League Secretary to arrive no later than 1st August (Rule 12 – penalty for non-compliance is £5)

|  |  |  |  |
| --- | --- | --- | --- |
| **‘A’ Team** |  | **‘B’ Team** |  |
| Match night |  | Match night |  |
| Captain’s name |  | Captain’s name |  |
| Address |  | Address |  |
|  |  |  |  |
| Post code |  | Post code |  |
| Telephone no. |  | Telephone no. |  |
|  |  |  |  |
| E-mail: |  | E-mail: |  |
| **‘C’ Team** |  | **‘D’ Team** |  |
| Match night |  | Match night |  |
| Captain’s name |  | Captain’s name |  |
| Address |  | Address |  |
|  |  |  |  |
| Post code |  | Post code |  |
| Telephone no.  |  | Telephone no. |  |
|  |  |  |  |
| E-mail: |  | E-mail: |  |
| **‘E’ Team** |  | **‘F’ Team** |  |
| Match night |  | Match night |  |
| Captain’s name |  | Captain’s name |  |
| Address |  | Address |  |
|  |  |  |  |
| Post code |  | Post code |  |
| Telephone no. |  | Telephone no. |  |
|  |  |  |  |
| E-mail: |  | E-mail: |  |