

**THREE COUNTIES CLUB CRIB LEAGUE 2019-20
REGISTRATION FORM**

Players: (Please print all names in BLOCK CAPITAL LETTERS)

1	7
2	8
3	9
4	10
5	11
6	12

Captain:

Deputy:

Address:

Address:

Postcode:

Postcode:

Tel No:

Tel No:

Mobile No:

Mobile No:

*Email:

*Email:

* One of the above **MUST** be contactable via email

Note: E-Mail and tel No. information will be used by the TCCCL and may be passed to other captains in the league

Club:

Address:

Postcode:

Tel No:

Non League Events & Individual Knock-Out Competitions

Please indicate whether or not you are willing to host the following:

1 st Round of Individual KO Competitions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Captains Cup	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
KO Competitions Finals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	AGM	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Charity Night	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

This form is to be returned to the Fixture Secretary:

Mr David F Stokes

31, Bayfield Avenue

Frimley, Camberley

Surrey GU16 8TU

Form To be returned by Friday 30th August and must be accompanied with the Subscription Fee per Team: £20 by:

Cheque Payable to TCCCL

Bank Transfer: Sort Code: [REDACTED] - Request details

***Note – if paying by bank transfer please check payment has gone through and inform Sally Frost as well.**