**Secretary:** Mary Keeling  **Chairman:** Richard Churchill

Tel: 01386 830273

skittlessecretary@gmail.com

# Application to enter a team – 2024-2025 season

BLOCK CAPITALS THROUGHOUT PLEASE

|  |  |
| --- | --- |
| **Team Name:** |  |
| **Home Venue:** |  Signature of Landlord/Secretary of Club: |
| **Home Night of Play:** |  |
| **Captain's Name**: |  |
| **Address:** |  Postcode: |
| **Telephone:**  | Mobile number preferred  |
| **Email address:** |  |
| **Vice-Captain’s Name:** |  |
| **Telephone:** | Mobile number preferred **NB: Must not be same as Captain** |
| **Email address:** |  |

# NAMES OF REGISTERED PLAYERS

**(minimum of 10 players required)**

(Additional players may be listed on a **separate piece of paper with the team name on** in the same format)

|  |  |  |
| --- | --- | --- |
| **Sex** | **First Name** | Surname |
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# ENTRY FEE £50

# If you are paying by cheque please make payable to ‘Evesham & District Inter-Club Skittles League’

**Please inform the Secretary if your team is not intending to enter this year**

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| --- | --- |
| **Team Name:** | don’t forget to enter your name again! |
| **Sex** | **First Name** | Surname |
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