Winter Player Registration Form - 2024/25 Season

Team Name:	
Team Venue Adddress:	
Team Venue Telephone:	

Secretary Name / Signature:	
Secretary Address:	
Secretary E-Mail:	
Secretary Telephone:	

Captains Name / Signature:	
Captains Telephone:	
Vice Captains Name / Signature:	

PLAYERS

Full Name (*Print*)	Signature	Telephone or Mobile or Email

Return to League Secretary within 4-weeks from 1st fixture. Failure to return will entail a fine!