

**LANCASHIRE & CHESHIRE TABLE TENNIS LEAGUE
PLAYERS REGISTRATION FORM
SEASON 2009/2010**

NAME OF LEAGUE	
PLAYER'S FIRST NAME	
PLAYER'S SURNAME	
DATE OF BIRTH	
ADDRESS OF PLAYER	
POST CODE	
TELEPHONE NUMBER (HOME)	
COUNTY REPRESENTED	
COUNTRY REPRESENTED	

I agree to play for the above League in the Lancashire & Cheshire Table Tennis League in the season 2009/2010 and I confirm that I shall not represent any other League in the competition unless transferred in accordance with the League Regulations.

Player's Signature _____

Please note that no-one must sign here except the player. Contravention will invalidate this registration.

Secretary's signature:	
Date:	

RETURN TO: L.E.MEREDITH, 1 ELM AVENUE, BLACKPOOL, FY3 9BQ.

NOTE (1) EACH TEAM MUST HAVE 3 PLAYERS REGISTERED BY 31ST AUGUST, 2009.