

MELKSHAM & DISTRICT SKITTLES LEAGUE REGISTRATION FORM

TEAM NAME _____ DIVISION _____ SEASON _____

LADIES / GENTS (Delete as applicable) _____ Players under the age of 18 must have their parent or guardian sign for them.

DATE	NAME	SIGNATURE

When complete please return to :- MR A BAINTON - 35 QUEENSWAY, MELKSHAM, WILTS SN12 7LB 01225 351941

MELKSHAM & DISTRICT SKITTLES LEAGUE REGISTRATION FORM

TEAM NAME _____ DIVISION _____ SEASON _____

LADIES / GENTS (Delete as applicable) _____ Players under the age of 18 must have their parent or guardian sign for them.

DATE	NAME	SIGNATURE

When complete please return to :- MR A BAINTON - 35 QUEENSWAY, MELKSHAM, WILTS SN12 7LB 01225 351941

MELKSHAM & DISTRICT SKITTLES LEAGUE REGISTRATION FORM

TEAM NAME _____ DIVISION _____ SEASON _____

LADIES / GENTS (Delete as applicable) _____ Players under the age of 18 must have their parent or guardian sign for them.

DATE	NAME	SIGNATURE

When complete please return to :- MR A BAINTON - 35 QUEENSWAY, MELKSHAM, WILTS SN12 7LB 01225 351941

MELKSHAM & DISTRICT SKITTLES LEAGUE REGISTRATION FORM

TEAM NAME _____ DIVISION _____ SEASON _____

LADIES / GENTS (Delete as applicable) _____ Players under the age of 18 must have their parent or guardian sign for them.

DATE	NAME	SIGNATURE

When complete please return to :- MR A BAINTON - 35 QUEENSWAY, MELKSHAM, WILTS SN12 7LB 01225 351941