

MELKSHAM & DISTRICT SKITTLES LEAGUE SIGNING ON FORM

TEAM NAME _____

SEASON _____

VENUE _____

DIVISION _____

LADIES / GENTS (Delete as applicable)

Players under the age of 18 must have their parent or guardian sign for them.

NAME	ADDRESS & TELEPHONE NUMBER	SIGNATURE
Captain		
Vice Captain		

IMPORTANT :- If there are any CHANGES in Captain's details from last season please inform the Fixture Secretary asap as these details will go on the fixture cards. I only require the Captain's and Vice Captain's address and telephone number from now on.

ALL PLAYERS MUST SIGN ON USING THEIR OWN HANDWRITING.

A SEPARATE SHEET WILL BE PROVIDED TO SIGN PLAYERS DURING THE SEASON WHICH CAN BE DONE ON THE NIGHT THEY PLAY.

NAME	SIGNATURE	NAME	SIGNATURE

TEAM CAPTAIN & VICE CAPTAIN WILL BE THE ONLY PERSONS PERMITTED TO ENTER THE CAPTAIN'S CUP.

PLEASE PROVIDE YOUR EMAIL ADDRESS IF YOU WOULD LIKE TO RECEIVE THE MONTHLY NEWSLETTER VIA EMAIL

PLEASE RETURN THIS SIGNING ON FORM BEFORE THE 1ST GAME OF THE SEASON :-

MR A BANTON 35 QUEENSWAY, MELKSHAM, WILTS SN12 7LB

IMPORTANT INFORMATION

ANY INFORMATION PROVIDED ON THIS SHEET WILL BE KEPT SAFE AND SECURE BY THE FIXTURE SECRETARY AND NOT SHARED WITH ANY 3RD PARTY.

CAPTAIN'S DETAIL'S WILL GO ON THE FIXTURE CARD. THE ADDRESS PROVIDED WILL ONLY BE USED FOR NEWSLETTERS AND END OF SEASON BILL.