MALVERN MENS SKITTLES LEAGUE

PLAYERS REGISTRATION FORM FOR 2008/2009 SEASON

The following players wish to become registrated with the MALVERN MENS SKITTLES LEAGUE to play for ……. SKITTLES TEAM.
We have not signed for any other team in the league and agree to abide by the rules as stated in the league handbook.

(BLOCK CAPITALS PLEASE)

NAME	**ADDRESS**	**SIGNATURE**
JUNIORS (UNDER 16)	**SEE RULE 3. THE MATCH. (MAXIMUM OF THREE).**	**DATE OF BIRTH**

ALL REGISTRATION FORMS TO BE RETURNED AT LEAST 48 HOURS BEFORE THE FIRST MATCH TO THE RESULTS SECRETARY
GEOFF ROBINSON 216 BRANSFORD ROAD, ST.JOHN'S WORCESTER, WR2 4QB