

Junior League – 2007/08

Registration Form

Players Name: D.O.B.

Address:

..... Post Code: Tel. No.

Relevant Medical Details:

Doctors Name Tel. No.

Contact Name Tel. No.

I will ensure that my son/daughter is at Norton College at least 15 minutes before matches start (play starts at 5.00pm and finishes no later than 7.00pm)

Signed Parent/Carer

**Please return this form to the address below along with your cheque for £20.00
(to cover league fees, but excluding tournament fees).**