Leamington & District Billiards & Snooker Association

PLAYERS REGISTRATION FORM

Registered Club Name: ……..……..……..

Select a team playing night:

Team Name: ……..……..……..

Thr. ☐ **Wed.** ☐ **W/T** ☐

This form should be returned one week before the start of the season along with a £2 registration fee per Player. Further registrations can be made by contacting the Match Secretary, giving a minimum of 48 hours notice before any league match in the FIRST HALF of the season. No registrations will be accepted in the second half of the season unless submitted to and approved by the Committee.

NAME	CONTACT DETAILS

Please return this form to: **Mr Stephen Gardner, (LDBSA), 19 The Butts, Warwick. CV34 4ST.**
email: **matches@ldbsa.co.uk** or **ewanlesterg@hotmail.co.uk**