

**Stockport & District Pool League
Player Registration**

Team Name:

Captain's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Vice-Captain's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Player's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Player's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Player's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Player's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Player's Name:	Address: Postcode: Phone No: Email Address:	Signature:
Player's Name:	Address: Postcode: Phone No: Email Address:	Signature:

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS – ANY UNREADABLE DETAILS WILL RESULT IN NON REGISTRATION OF THAT PLAYER