

Date: _____

| THE FOLLOWING INFORMATION IS REQUIRED BEFORE ENTRIES CAN BE ACCEPTED | | LEAGUE ENTRY DETAILS | |
|--|---|----------------------|--|
| Club _____ | Telephone _____ | | |
| Contact _____ | eMail _____ | | |
| Full Postal Address including Postcode _____ _____ _____ | <p>£20.00 per team Registration fee £25.00 Club Affiliation (single fee)</p> <p>3 PLAYER TEAM PLAYING TUESDAY At least 5 players per team must be registered.</p> | | |

☐ Tick this box to indicate that you give consent for the HBSA to record personal data as shown on this form, and that you have the express permission to do so for all persons named on this form.

TO ENSURE CORRECT PLAYER IDENTITY FOR COMPUTER RECORDS

Then Full First Name and Surname for each additional player

[illegible]

Contact details can be found on the HBSA web site at [H.B.& S. Association >> Officials](#)

Please use sheet 2 for further teams
Huddersfield Billiards & Snooker Association

OPEN HANDICAP - BILLIARDS LEAGUE

Team Entries Invitation – Sheet 2

[illegible]