Huddersfield Billiards & Snooker Association OPEN HANDICAP - BILLIARDS LEAGUE Team Entries Invitation

THE FOLL	OWING INFORMATION IS REQUIRED ENTRIES CAN BE ACCEPTED	BEFORE			LEAGUE ENTRY DETAILS			
Club _			T	elephon	e			
Contact Full Postal Address including Postcode			£20.00 per team Registration fee £25.00 Club Affiliation (single fee)					
	ENTRIES ACCEPTED	SUBJECT	TC	HB&S	A LEAGUE RULES			
∐Tick ti	his box to indicate that you give cons and that you have the express per NEW PLAYERS, Enter previous cl TO ENSURE CORRECT PL Enter contact first and surna Then Full First Name	rmission to d ub / team in AYER IDEN me, email a	do s HE TIT	so for all SSA if ap Y FOR 0 ress & to	persons named on this form. plicable or estimated handicap COMPUTER RECORDS el. no. FOR EACH TEAM	is form,		
	'A' Team Contact				'B' Team Contact			
Name				Name				
eMail				eMail				
Tel No				Tel No				
	'A' Team Players				'B' Team Players			
		Office Use				Office Us		
			-					
			-					
			-					
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			-					
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Please use sheet 2 for further teams
Huddersfield Billiards & Snooker Association

OPEN HANDICAP - BILLIARDS LEAGUE Team Entries Invitation – Sheet 2

Club						
	'C' Team Contact			'D' Team Contact		
Name			Name			
eMail			eMail			
Tel No			Tel No			
	'C' Team Players			'D' Team Players		
		0" 11			000	
		Office Use			Office Use	
	'E' Team Contact			'F' Team Contact		
Name	L Team Contact		Name	i ream contact		
eMail			eMail			
Tel No			Tel No			
101110	'E' Toom Players		10110	'F' Toom Players		
	'E' Team Players			'F' Team Players		
		Office Use			Office Use	