

MACCLESFIELD & DISTRICT SNOOKER LEAGUE
Registration Form

PLAYER NAME: _____ CLUB: _____

TELEPHONE NO: ____ only fill in if changed or never given before _____

E MAIL ADDRESS: ____ only fill in if changed or never given before _____

Please select Competition you wish to enter (Write Yes to enter)

1. Snooker Open _____
Dates last 32/16 21st Jan
Finals day 18th Feb

2. Snooker Handicap _____
Dates last 32/16 12th Nov
Finals Day 10th Dec

3. Seniors Handicap _____
(aged 50 or older)

4. Pairs _____
Please name your playing partner

Please sign below to agree that your email address and telephone number can be used or given to third parties (a player wishing to contact you regarding a match for example) for snooker related purposes.

SIGNED _____ DATED _____