

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 _____

2. Snooker Handicap _____

3. Seniors Handicap
(aged 60 or older) _____

4. Seniors Handicap
(aged 50 or older) _____

5. 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 _____