

**THREE COUNTIES CLUB CRIB LEAGUE 2024 - 25
REGISTRATION FORM**

Players: (Please print all names in BLOCK CAPITAL LETTERS)

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Captain:

Address: _____

Postcode: _____

Tel No: _____

Mobile No: _____

*Email: _____

Deputy:

Address: _____

Postcode: _____

Tel No: _____

Mobile No: _____

*Email: _____

* One of the above **MUST** be contactable via email

Note: E-Mail and tel No. information will be used by the TCCCL and may be passed to other captains in the league

Club:

Address: _____

Postcode: _____

Tel No: _____

Non League Events & Individual Knock-Out Competitions

Please indicate whether or not you are willing to host the following:

1st Round of Individual KO Competitions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Captains Cup	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
KO Competitions Finals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	AGM	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Charity Night	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

This form is to be returned to the Fixture Secretary: by email to

TC.Crib.League@gmail.com or Post to D. F. Stokes, 31 Bayfield Avenue, Camberley Surrey
GU16 8TU

Form to be returned by Friday 27th September accompanied by confirmation that £40 has been deposited by Bank Transfer :

Sort Code: 30 99 50

Account No: 30738862

Account Name: The Three counties Club Cribbage League

Or Cheque payable to TCCCL (Bank transfer preferred)