

For Office Use Only
Facility Ref. _____

Team Ref. _____



Facility: _____

Team Name: _____

- Players:**
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

Contact Details:

Name _____

Address _____

Post Code _____

Telephone (Day) _____ (Evening) _____

(Mobile) _____

Please note that the contact details must be for a team leader who is over the age of 18 years. Participant Registration Forms must be completed for all of the proposed participants.
Forms to be returned to Larne Leisure Centre by 12.00 Monday 3rd September
2007