

NORTH WEST COUNTIES SQUASH LEAGUE

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FIRST DIVISION PLAYER REGISTRATION 2017/2018 SEASON

RETURN THIS FORM TO STEVE ECCLES, FIRST DIVISION REPRESENTATIVE

CLUB NAME: _____

CLUB REP: _____

CLUB REP SIGNATURE: _____

PLAYER DETAILS

FULL NAME: _____

HOME ADDRESS: _____

_____ POSTCODE _____

TELEPHONE (HOME) _____

ARE YOU A HOME PLAYER? YES / NO

STATE HOW YOU QUALIFY AS A HOME PLAYER: (County or Residence)

If you qualify by residence, please state the date you took up residency at the address above:

If you are not a HOME player, please state which County you are qualified to represent in the England Squash inter-county competition:

PLAYER SIGNATURE: _____

DATE: _____

ENGLAND SQUASH MEMBERSHIP NUMBER: _____

In accordance with Rule 7.7, Clubs MUST provide necessary documentary evidence of any player they require to qualify as a HOME player in accordance with Rules 7.3 (ii).