

# Cheltenham Skittles League

Individual Player Registration Form

2024/25

Team Name:	Division:
Player details:	
Name:	
Home Address:	
Telephone No:	
Signature:	Date:
Team Secretary Signature:	Date:
Received by League Secretary – Date:	
Player eligible to play - Date:	
This form must be completed fully and legibly and returned to: The League Secretary, 191 Alstone Lane, Cheltenham	
<b>Note: Players must be registered not less than 5 clear days before being able to play in any game.</b>	

# Cheltenham Skittles League

Individual Player Registration Form

2024/25

Team Name:	Division:
Player details:	
Name:	
Home Address:	
Telephone No:	
Signature:	Date:
Team Secretary Signature:	Date:
Received by League Secretary – Date:	
Player eligible to play - Date:	
This form must be completed fully and legibly and returned to: The League Secretary, 191 Alstone Lane, Cheltenham	
<b>Note: Players must be registered not less than 5 clear days before being able to play in any game.</b>	