

**Cheltenham Skittles League**  
**PLAYERS REGISTRATION FORM**  
**2024-2025**

Team Name:

Division:

Home Alley:

Home Night:

	Player's Name	Home Address	Telephone No.	Player's Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Continue Overleaf

Cheltenham Skittles League  
**PLAYERS REGISTRATION FORM (continuation)**  
**2024-2025**

	Team Name:			
	Player's Name	Home Address	Telephone No.	Player's Signature
13				
14				
15				
16				
17				
18				
19				
20				

This form must be completed fully and legibly and returned not later than five days prior to start of season

**To: The League Secretary, 191 Alstone Lane, Cheltenham**

Players signing on after the closure date will be required to use the Individual Registration Form which is available from the League Secretary.

Signed:	Signed by League Secretary:
Team Secretary	Players eligible to play Date:
Address:	<b>Note: Players must be registered not less than 5 clear days  before being eligible to play in any game.</b>
Date:	