

Team Registration*** Mandatory Fields****Details:**Team Name:

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 *Captain:

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 *Vice Captain:

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 *Venue:

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 *Address:

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 *Tel:

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 *Tel Mobile:

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 *

at least one contact number is mandatory

Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 ***Captain Contact details:**Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

Tel Home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 *Tel Work:

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Tel Mobile:

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 *

at least one contact number is mandatory

Email Address:

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What is your preferred method of communication?

Email ☐ Mail ☐ Text Message ☐ Other: _____

Please note that the default method for correspondence will be email unless advised differently above.

Division:

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 No. of players on team:

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 Existing ☐ New ☐
Team TeamHave you registered on our website, www.gibpool.com: YES ☐ NO ☐

President: Gerry Brunt, Vice-President: Alison Balban, Secretary: Val Jarvis. Treasurer:

Correspondence address: PO Box 344, Gibraltar, GX11 1AA

Website: www.gibpool.com Email: gpacommittee@outlook.com

**Names of Players**

Player 1:																	
Player 2:																	
Player 3:																	
Player 4:																	
Player 5:																	
Player 6:																	
Player 7:																	
Player 8:																	
Player 9:																	
Player 10:																	
Player 11:																	
Player 12:																	
Player 13:																	
Player 14:																	

Players Fees? 1 2 3 4 5 6 7 8

 9 10 11 12 13 14

Any Comments?

Fees:1: Yearly Membership Fees: £ 2: Team Membership @ £25.00 a Season (Compulsory) £ TOTAL £

I hereby certify that I have read this document and I understand its content. I also understand & agree to the GPA Constitution which is available on our website.

Print Name: _____ Age: _____

Signature: _____ Date: _____

President: Gerry Brunt, Vice-President: Alison Balban, Secretary: Val Jarvis, Treasurer:

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