



**TEAM NAME:** \_\_\_\_\_

**TOURNAMENT:** .....

**DATE:**     /     /

**PLEASE COMPLETE FORM IN BLOCK CAPITALS**

THIS FORM MUST BE COMPLETED IN FULL AND MUST BE ACCOMPANIED  
BY A CHEQUE FOR **£50** MADE OUT TO  
**"TWIN OAKS FOOTBALL"**  
AND SENT TO THE ADDRESS BELOW.

**CAPTAINS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST CODE:** \_\_\_\_\_

**TEL:** \_\_\_\_\_

**MOB:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Twin Oaks Football Promotions  
PO BOX 957 Crawley West Sussex RH10 5WY

E: enquiries@twinoaksfootball.co.uk  
W: www.twinoaksfootball.co.uk  
M: 07941348911



**TEAM NAME:**

**TEAM REGISTRATION FORM**  
**( TO BE COMPLETED AND HANDED IN ON THE DAY )**

NAME:	D.O.B
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EMAIL:	
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