

**HERTFORD & DISTRICT TABLE TENNIS LEAGUE**  
**Affiliated to The English Table Tennis Association**  
**& Hertfordshire Table Tennis Association**

Season: 2011-12

Date:

Team Name:	Home Night:
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Playing Premises Address:  
 .....  
 .....Post Code:.....

**Team Organiser:**  
 .....  
 Address: .....  
 .....Post Code:...  
 Telephone: Home                      Work:                      Mobile:  
 e-mail address:

Team Members Names:

1		6	
2		7	
3		8	
4		9	
5		10	

We agree to pay to Hertford & District Table Tennis League the fees required for the entry of these teams. (2011-12 - £35 per team).

My cheque is enclosed value £..... for      teams. FEES TO FOLLOW  
 Signed:.....

FEES TO FOLLOW.....

**Club Organiser**

Name & Address .....  
 .....Post Code.....  
 Telephone: Home.....Mobile.....e-mail.....

Return to: Mr Colin Bullworthy, 13 King Edward Rd, WARE, Herts SG12 7EJ

by 7<sup>th</sup> July 2011