

TEAM REGISTRATION FORM SEASON 2015 / 2016



CLUB	TEAM NAME	_AGE GROUP

Please glue
PASSPORT
QUALITY
PHOTO of
Player 1 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 6 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 2 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 7 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 3 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 8 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 4 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 9 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 5 in this
box and
Print Name
below

PRINT NAME

Please glue
PASSPORT
QUALITY
PHOTO of
Player 10 in
this box and
Print Name
below

PRINT NAME

You are required to submit completed Forms at one of the Registration Surgeries at Imber Court (Conference Room 7.30pm - 8.30pm) on 29th June 2015 – 20th July 2015 - 27th July 2015 (£3.00 per player) or 17th August 2015 (£7.00 per player)

PLEASE NOTE Under 8 & Under 9 Registrations are FREE throughout the season Under 10 Registrations are £3.00 per player throughout the season

GUIDELINES FOR COMPLETING THIS FORM (2 PAGES)

- 1) Enter your Club name, Team name ("A"/ "B"/Reds/Blues etc) and Age Group on both pages of this form. Team name need not be entered for Under 8, Under 9 or Under 10.
- 2) Glue (not staple) trimmed PASSPORT photo of players face in box corresponding to the players details on page 2 i.e. ensure Player 1 photo matches Player 1 details etc. If folding this form be careful not to crease photos. [LADIES ONLY - a photograph need not be supplied where a player has registered in the Ladies League in the previous season]. PLEASE NOTE THAT PHOTOGRAPHS THAT ARE NOT OF PASSPORT QUALITY (i.e. blurred or not on a neutral background) WILL BE REJECTED.
- 3) Players details must be entered on Page 2 and players must sign to confirm their desire to play for your team. You cannot sign on their behalf.
- 4) Players Registration Number from Prawn Sandwich should be entered. This will be found on last seasons SCWGL ID Card if the player was at your Club or, if a new player, the number is generated when submitting details on Prawn Sandwich.
- 5) Each Form is designed for up to 10 players. 7v7 teams may register a maximum 14 players. 9v9 teams may register a maximum of 18 players. 11-a-side teams up to U16 maximum 20 players. U17 & above may register up to a maximum 30 players.
- 6) Proof of date of birth is required for each player being registered. This can be last seasons SCWGL ID card or photocopy (not originals) of birth certificate, passport, medical card etc.
- 7) Club / Team secretary must countersign the form to confirm the details are correct. Forms with missing details will be rejected.
- 8) Once completed, bring along to a Registration Surgery (dates above) together with proof of dates of birth and correct registration fee: (£3 per player up to 31st July cheques payable to SCWGL). Postal or hand-delivered Forms will not be accepted until 18th August 2015 and should be sent with proof of dates of birth and correct registration fee: (£7 per player after 31st July cheques payable to SCWGL) [U8 & U9 Registrations are FREE throughout the season; U10 Registrations are £3.00 per player throughout the season] to:-

CLUB	ī.		TEAM NAME				AGE GROUP
,							
Player No	First Name	Surname	Date of Birth	House No / Name	Post Code	Prawn Sandwich Registration No	Signature
H							
2							
3							
4							
5							
6							
7							
8							
9							
10							
ONCI	E COMPLETED THIS FORM SHOU	ONCE COMPLETED THIS FORM SHOULD BE BROUGHT ALONG TO ONE OF THE REGISTRATION SURGERIES TOGETHER WITH PROOF OF DATES OF BIRTH ANDIES OF BIRTH AN	OF THE REGISTRATION SU AFTER 18 TH AUGUS I SECRETARY SCWGL 30, A	RGERIES TOG T 2015, POSTE VON ROAD, SU	ETHER WITH PROOF D TO: NBURY ON THAMES,	OF DATES OF BIRTH AND MIDDLESEX TW16 7TB	PROOF OF DATES OF BIRTH AND CORRECT REGISTRATION FEES OR, HAMES, MIDDLESEX TW16 7TB
I hereby registrati constitut be first constitut the Mana	I hereby certify that I have checked the a registration details and compliance with constitution. The Management Committee be first claim for Inter League and Represthe Management Committee	bove details and they are correct. I League Constitution Clause 8 and see would draw <u>all players</u> to note that sentative Appointments to this Leag	l enclose Birth Certificates of that the omission, incorrect t by signing this Form they are unless specifically indicated the control of the	other approve or false comp igree to comply ed to the contr	d proof of age for eac letion of the details n with Clause 10 whici ary at time of registra	h player listed. I accept tha ray render the registration h states that any player regition. This Rule can only be	I hereby certify that I have checked the above details and they are correct. I enclose Birth Certificates or other approved proof of age for each player listed. I accept that I am responsible for the accuracy of all registration details and compliance with League Constitution Clause 8 and that the omission, incorrect or false completion of the details may render the registration ineligible within the meaning of SCWGL constitution. The Management Committee would draw all players to note that by signing this Form they agree to comply with Clause 10 which states that any player registered with SCWGL will be considered to the contrary at time of registration. This Rule can only be waived with the WRITTEN permission of the Management Committee
	S	SIGNATURE OF CLUB / TEAM SECRETARY	AM SECRETARY			DATE/	