

# STANNARD SHIELD ENTRY FORM

All matches will be played to 21 point system

- ★ This Tournament is a Handicap Knock-out Competition for Veterans
- ★ The team shall consist of two players who are current members of the P.& D.T.T.A. League
- ★ Competitors in Veteran events must have been born before **1st January 1972**
- ★ Handicaps are assessed from a standard scale on the performance of each player
- ★ New players will be given a `safe` handicap

Complete this form and return it by **23rd October** to:

**STEVE LONG - 8 Fairlea Road, Emsworth. PO10 7SX Tel. 01243 389 790**  
[stephen.long12@gmail.com](mailto:stephen.long12@gmail.com)

I agree to abide by the rules of the competition  
 Signed.....

Team Secretary.....

Tel. (Home).....

Address.....

Tel. (Work).....

.....

.....Post Code..... Do you wish to play your matches away?

Yes/No/Either

Name of Club & Team..... **EMAIL**

.....

**ENTRY IS FREE-BUT PLEASE SEND A STAMPED SELF ADDRESSED ENVELOPE WITH YOUR ENTRY**

**Note: ENTRIES RECEIVED WITHOUT A STAMPED ADDRESSED ENVELOPE WILL BE IGNORED**

Names of Players	Office Use	Team & League or Organisation last season or state year played or no experience	Div	Total no. of Divs.

**MINIMUM OF THREE PLAYERS TO BE REGISTERED**

**PLEASE DO NOT FORGET THE STAMPED ADDRESSED ENVELOPE WITH THIS ENTRY**

**PLEASE READ COMPETITION RULES**

# CONSTAD CUP ENTRY FORM

All matches will be played to 21 point system

- ★ This Tournament is a Handicap Knock-out Competition
- ★ The team shall consist of 3 players who are registered members of the P.&D.T.T. League this season
- ★ There is no restriction on age for this event
- ★ Handicaps are assessed from a standard scale on the performance of each player
- ★ New players will be given a `safe` handicap

Complete this form and return it by **23rd October to:**

**STEVE LONG - 8 Fairlea Road, Emsworth. PO10 7SX Tel. 01243 389 790**  
[stephen.long12@gmail.com](mailto:stephen.long12@gmail.com)

I agree to abide by the rules of the competition

Signed.....

Team Secretary.....

Tel. (Home).....

Address.....

Tel. (Work).....

.....

.....Post Code..... Do you wish to play your matches away?

Yes/No/Either

Name of Club & Team..... **EMAIL**

.....

**ENTRY IS FREE-BUT PLEASE SEND A STAMPED SELF-ADDRESSED ENVELOPE WITH YOUR ENTRY**

**Note: ENTRIES RECEIVED WITHOUT A STAMPED ADDRESSED ENVELOPE WILL BE IGNORED**

Names of Players	Office Use	Team & League or Organisation last season or state year played or no experience	Div	Total no. of Divs.

**MINIMUM OF FOUR PLAYERS TO BE REGISTERED**

Indicate with a \* if any of the above players are juniors

**PLEASE DO NOT FORGET THE STAMPED ADDRESSED ENVELOPE WITH THIS ENTRY**

**PLEASE READ COMPETITION RULES**