

PORTSMOUTH & DISTRICT TABLE TENNIS ASSOCIATION

TEAM AFFILIATION FORM

Please return **NO** later than **29th JULY 2011**

Complete sections A1 and A2 (A3 if receipt required) and return with team affiliation fee to:
BILL MOODY, 20 ST ANDREWS ROAD, FARLINGTON, PORTSMOUTH, PO6 1AD
e-mail bill555@live.co.uk (Cheques and Postal Orders to be made payable to: P. & D. T.T.A.)

A1

Name of Club.....Name of Team.....

Full address of Club Premises.....

Team Secretary.....

Address.....Postal Code.....

Home Telephone Number.....Works Number.....

Email address.....

Name of person willing to receive mail for all your Clubs Teams.....

Address.....Postal Code.....

Home Telephone Number.....Works Number.....

Match Night.....Start time

Name of Team (if any) with which this team is to alternate.....

Affiliation Fees are £32 per team

DOES NOT INCLUDE PUBLIC LIABILITY INSURANCE

A2

Club & Team.....Division last Season.....write new if new team

I enclose the sum of **£32** in respect of affiliation fees for the Team named in Section A1

Signed.....Date.....

FORMS RECEIVED WITHOUT FEES WILL NOT BE ACCEPTED AND WILL BE RETURNED

A3

If you would like a receipt sent to you please tick this box and write your address below

To:

Address:.....

.....
.....

FOR OFFICIAL USE ONLY

RECEIPT FORM

Date.....

Received from.....

the sum of **£32** in respect of Team Affiliation Fees.

Signed.....

Registration Officer, P. & D. T.T.A.