

CHAMPION of CHAMPIONS

CHAMPION REGISTRATION FORM



ENGLISH
POOL
ASSOCIATION

TEAM CHAMPIONSHIP



League Title _____ Region _____ County _____

League Official Name (BLOCK CAPITALS) _____ Signature _____

Address _____

Post Code _____ Phone No. _____ Mobile No. _____ E – Mail _____

County Official Name (BLOCK CAPITALS) _____ Signature _____

Address _____

Post Code _____ Phone No. _____ Mobile No. _____ E – Mail _____

Team Manager/1 Name (BLOCK CAPITALS) _____ Signature _____

Address _____

Post Code _____ Phone No. _____ Mobile No. _____ E – Mail _____

Team Name _____ Venue _____ Phone No. _____

	Full Name (BLOCK CAPITALS)	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TO BE RETURNED NO LATER THAN JUNE 27th 2008

Send To; Champion of Champions, 12 Helston Grove, Hemel Hempstead, Herts HP2 6NU

cofc@epa.org.uk 01442-244776 07947-885157