

**LEAGUE APPLICATION FORM – please complete and post back to shoot5 at the address below**

TEAM NAME ..... DATE .....

TEAM SECRETARY ..... DAYTIME TEL. .... MOBILE .....

E-MAIL ..... TEAM COLOURS .....

SECOND CONTACT ..... TEL. NO. ....

NIGHT PREFERRED    MON ..... TUES ..... WED ..... THURS ..... *SOCCKER SIXES*    SUN ONLY .....

PLAYER NAME	ADDRESS (Inc Postcode)	TEL NO	E-MAIL	SIGNATURE
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12.				

**TEAM SECRETARY:**    **Signed** .....    **Print** .....    **Date** .....