



Leamington & District Billiards & Snooker Association



President
W.T.Collier

Chairman
T.Redgrave

General Secretary
vacant

Treasurer
D.Row

www.ldbsa.co.uk

TEAM ENTRY APPLICATION FORM

Please return this form to the address below **NO LATER** than **15TH JULY**.

CLUB NAME:

CLUB ADDRESS:

CLUB TELEPHONE:

CLUB CONTACT:

CONTACT TEL:

CONTACT E-MAIL:

Please indicate which competitions your club is interested in.

Snooker Number of teams @ £10 per team = £

Billiards Number of teams @ £10 per team = £

Please use the box below to inform us of any additional information.



Leamington & District Billiards & Snooker Association



I have read the association rules and regulations and thereby agree to them.

I enclose payment for the above indicated team entries.

SIGNED:

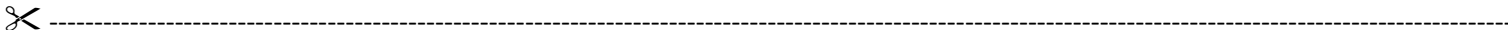
(on behalf of club)

Please return this form to:

Mr S. Williams, LDBSA Applications, 5 Lisle Court, Brunswick Street, Leamington Spa, Warwickshire, CV31 2ES

Fully completed forms **MUST** be accompanied by the appropriate fee which must also include any unpaid monies from the previous season

The below receipt will be returned to you as soon as any enclosed funds are cleared



LDBSA Team Application Payment Receipt

DATE: ___/___/___

CLUB NAME: _____

No. Snooker Teams: ___ No. Billiards Teams: ___ Total Due: £ _____

Amount Received: £ _____

LDBSA AUTHORISED SIGNATORY (PRINT NAME):

SIGNATURE: