

Chester and Ellesmere Port Table Tennis League

Registration form

Club: Venue:

Secretary:

Address

Telephone: Email:

1st Team

Home night: Venue:

Captain:

Address

Telephone: Email:

A Team

Home night: Venue:

Captain:

Address

Telephone:

B Team

Home night: Venue:

Captain:

Address

Telephone:

C Team

Home night:

Venue:

Captain:

Address

Telephone:

D Team

Home night:

Venue:

Captain:

Address

Telephone:

E Team

Home night:

Venue:

Captain:

Address

Telephone:

F Team

Home night:

Venue:

Captain:

Address

Telephone: