Derbyshire Squash & Racketball

SUMMER LEAGUE 2014 APPLICATION FORM

CLUB DETAILS

Name of Club	
Address	
Post code	Telephone number
CLUB CONTACT DETAILS - please give address (this will be used for most communication)	main contact and second contact – both must have email tions)
Name of main contact	Tel:
Address	· · · · · · · · · · · · · · · · · · ·
	Post code
Email:	
Name of second contact	Tel:
Address	
	Post code
Email:	
Club details and club contact details will pos	ted on <u>www.derbyshiresquash.co.uk</u>
To improve communications between clubs and Details will be given out to other club's teams of	· · · · · · · · · · · · · · · · · · ·
Entry Deadline : 8 March 2013 Forms must be completed in full and Cl	ubs will be invoiced separately for payment.
Proposed start date: week 1 w/c 21 / week 2 w/c 28 /	April (Thursday 24 April) April (Thursday 1 May)
Reply to: Ms Gill Ford, League Secretary, 2 Sn tel. 07971 346 927 email: gill@derbys	ake Lane, Duffield, Derby DE56 4FF hiresquash.co.uk www.derbyshirequash.co.uk

SQUASH MEN

1st Team: Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
2 nd Team: Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
3 rd Team: Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
4th Team : Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
5 th Team: Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
6 th Team: Home match night:		
Contact Name:	Tel:	
Email:		
SQUASH WOMEN		
1 st Team: Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
RACKETBALL		
1 st Team: Home match night:	Start time:	
Contact Name:		
Email:		
2nd Team : Home match night:	Start time:	
Contact Name:	Tel:	
Email:		
ENTRY FEES		
Men: No. of Teams Women: No. of Teams		ketball: No. of Teams
Total No. of Teams @£25 per team = £		Clubs will be invoiced separa