

# LEICESTERSHIRE AND RUTLAND HOCKEY ASSOCIATION

## REGISTRATION OF WOMENS SECTION LEAGUE PLAYERS

Name of Club: X

Contact Person: X

Return Address: X

Phone Number: X

E-mail: X

Date of Player Registration: \_\_/0\_/03

1<sup>st</sup> amendment date:

4<sup>th</sup> amendment date:

2<sup>nd</sup> amendment date:

5<sup>th</sup> amendment date:

3<sup>rd</sup> amendment date:

**PLEASE SEND 2 COPIES OF ALL COMPLETED SHEETS TO -X**

<u>X</u>			
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

**NB - 8 players MUST be starred in number column**

