

**Community Club Registration Form**

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| Name of Club |  |
| Venue address where the activity takes place |  |
| Organiser name |  |
| Organiser postal address |  |
| Organiser email |  |
| Organiser telephone no |  |
| Day(s) times the club is likely to open |  |
| Will the club accept both juniors and seniors? |  |
| Will the venue have wheelchair access? |  |
| Will the club accept casual players turning up to play? |  |

Please return by email to philipaveryco@hotmail.com

Signature of Organiser

Date

  

*Official kit suppliers to TTW*