

# NEW TEAM APPLICATION FORM

Choose NIGHT -        Wed   /   Thurs   (Circle as applicable)

Team Name.....

Player Name	Mem. No. If applicable	Phone	Email address

Who will be the Team Contact?

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The Team Contact must be willing to receive occasional emails from the Twilight Committee and be prepared to pass the information on to other team members.

**INDIVIDUALS HOPING TO JOIN A TEAM CAN USE THIS FORM – PLEASE SUPPLY AN EMAIL ADDRESS.** We will do our best to connect you with other individuals looking to make up a team.

Please confirm you have read and understand the Conditions of Entry and that your team will take out TBC membership by 30<sup>th</sup> June. Team places are not guaranteed until membership criteria are met.

If no place is available for your nominated team then all membership fees paid will be refunded on application.

Sign.....Date.....  
(one signature for team)