

PLAYER REGISTRATION FORM

Club Name _____

Please supply the names and Club Membership numbers of your team members below.
This is a Clubs NZ requirement.

| | Player Name – Please print clearly | Membership No. |
|----|-------------------------------------------|-----------------------|
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I hereby certify that the above are Members of this Clubs NZ Club

_____ Secretary / Manager

Pool player required for Triples? Yes / No (Confirm at registration)

Pool player/s required for Fours? Yes / No (Confirm at registration)

Name/s of registered players available for pool (Confirm at registration)
