



TEAM REGISTRATION FORM

SEASON 2015 / 2016



CLUB _____ TEAM NAME _____ AGE GROUP _____

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 1 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 2 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 3 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 4 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 5 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 6 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 7 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 8 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 9 in this
box and
Print Name
below

PRINT NAME

Please glue
**PASSPORT
QUALITY
PHOTO** of
Player 10 in
this box and
Print Name
below

PRINT NAME

**You are required to submit completed Forms at one of the Registration Surgeries at
Imber Court (Conference Room 7.30pm - 8.30pm) on
29th June 2014 – 20th July 2014 - 27th July 2014 (£3.00 per player)
or 17th August 2014 (£7.00 per player)**

**PLEASE NOTE Under 8 & Under 9 Registrations are FREE throughout the season
Under 10 Registrations are £3.00 per player throughout the season**

GUIDELINES FOR COMPLETING THIS FORM (2 PAGES)

- 1) Enter your Club name, Team name ("A"/ "B"/Reds/Blues etc) and Age Group on both pages of this form. Team name need not be entered for Under 8, Under 9 or Under 10.
- 2) Glue (not staple) trimmed **PASSPORT** photo of players face in box corresponding to the players details on page 2 i.e. ensure Player 1 photo matches Player 1 details etc. If folding this form be careful not to crease photos. [LADIES ONLY - a photograph need not be supplied where a player has registered in the Ladies League in the previous season]. **PLEASE NOTE THAT PHOTOGRAPHS THAT ARE NOT OF PASSPORT QUALITY** (i.e. blurred or not on a neutral background) **WILL BE REJECTED.**
- 3) Players details must be entered on Page 2 and players must sign to confirm their desire to play for your team. You cannot sign on their behalf.
- 4) Players Registration Number from Prawn Sandwich should be entered. This will be found on last seasons SCWGL ID Card if the player was at your Club or, if a new player, the number is generated when submitting details on Prawn Sandwich.
- 5) Each Form is designed for up to 10 players. 7v7 teams may register a maximum 14 players. 9v9 teams may register a maximum of 18 players. 11-a-side teams up to U16 – maximum 20 players. U17 & above may register up to a maximum 30 players.
- 6) Proof of date of birth is required for each player being registered. This can be last seasons SCWGL ID card or photocopy (not originals) of birth certificate, passport, medical card etc.
- 7) Club / Team secretary must countersign the form to confirm the details are correct. **Forms with missing details will be rejected.**
- 8) Once completed, bring along to a Registration Surgery (dates above) together with proof of dates of birth and correct registration fee: (£3 per player up to 31st July – cheques payable to SCWGL). Postal or hand-delivered Forms will not be accepted until 18th August 2015 and should be sent with proof of dates of birth and correct registration fee: (£7 per player after 31st July – cheques payable to SCWGL) [U8 & U9 Registrations are FREE throughout the season; U10 Registrations are £3.00 per player throughout the season] to:-

**Alex Wiggins, Registration Secretary SCWGL, 30, Avon Road, Sunbury-on-Thames, Middlesex TW16 7TB
Please arrange to collect your players ID Cards on the Collection Evening at Imber Court
THURSDAY 3RD SEPTEMBER 2015 from 7.00pm**

CLUB _____ **TEAM NAME** _____ **AGE GROUP** _____

Player No	First Name	Surname	Date of Birth	House No / Name	Post Code	Prawn Sandwich Registration No	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**ONCE COMPLETED THIS FORM SHOULD BE BROUGHT ALONG TO ONE OF THE REGISTRATION SURGERIES TOGETHER WITH PROOF OF DATES OF BIRTH AND CORRECT REGISTRATION FEES OR, AFTER 18TH AUGUST 2015, POSTED TO:
ALEX WIGGINS REGISTRATION SECRETARY SCWGL 30, AVON ROAD, SUNBURY ON THAMES, MIDDLESEX TW14 6 7TB**

I hereby certify that I have checked the above details and they are correct. I enclose Birth Certificates or other approved proof of age for each player listed. I accept that I am responsible for the accuracy of all registration details and compliance with League Constitution Clause 8 and that the omission, incorrect or false completion of the details may render the registration ineligible within the meaning of SCWGL constitution. The Management Committee would draw all players to note that by signing this Form they agree to comply with Clause 10 which states that any player registered with SCWGL will be considered to be first claim for Inter League and Representative Appointments to this League unless specifically indicated to the contrary at time of registration. This Rule can only be waived with the WRITTEN permission of the Management Committee

SIGNATURE OF CLUB / TEAM SECRETARY _____ **DATE** ____/____/____