



Players Registration Form



Name of Club _____

Please return to the
(Adjudication Disability Officer)

4 Smarts Way, St. Georges
Telford, Shropshire TF2 9PU

Email: geoff.phillips@blueyonder.co.uk

Players Name	Address	Phone Number/s	Email Address	Date of Birth	Profile Number/s	CC Number Classification

I certify that to the best of my knowledge the above information is correct: signed Team Manager/Coach