

ADNA
ADDITIONAL PLAYER REGISTRATION FORM

CLUB/TEAM: _____ DATE _____

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

DATE OF BIRTH: (if under 18 years) _____ AFFILIATION No: _____

ADNA REG FEE: £3.50

Complete this form and leave in the box situated in the hall, hanging on the partition

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