CAMBRIDGESHIRE POOL ASSOCIATION LEAGUE AFFILIATION FORM

| NAME OF LEAGUE | |
|---|---|
| Name address / phone No.of Chairman | |
| Name address / phone No of Secretary | |
| Name address / phone No. of Treasurer | |
| Town / City or Area covered | |
| Name address to which all correspondence should be sent. | |
| Number of teams. | |
| Number of players in team. | |
| Match night | |
| Rules currently played | |
| How long has the league been formed | |
| Do you wish to enter Inter-league | |
| Do you wish to enter Champ of Champs | |
| Are your players interested in playing for the County? (Men's / Ladies / Youth) | |
| I/We the undersigned, acting on behalf of the Submit this document as formal application for the p I/We declare that the above information is accurate. | ourpose of affiliating to the CPA. |
| I/We understand that should our application be succ | essful we will immediately become affiliated to the |
| I/We undertake to abide by the Constitution and Rul | es of the CPA |
| I/We hereby enclose a cheque, made payable to the £ | l subscription. |
| SignedSigned | • |

Submit online by sending to cambs.pool@yahoo.co.uk and pay by Bacs to Cambridgeshire Pool Association, Sort Code 09-01-55, Acc No: 39328707 with your league name as reference please.