THE INDEPENDENT CRIBBAGE LEAGUE

www.independentcribbage.co.uk

Chairman/Treasurer:
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Vice Chairman:
ANNE MOORE
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Team Name: .....

Team Address: .....

.....

Please Register the following players:

Telephone No.: .....

NAME PRINTED	SIGNATURE	NAME PRINTED	SIGNATURE

TO BE RETURNED TO THE MATCH SECRETARY (By the 1st December at the latest)

Captain's Name ..... Telephone No. .....

Secretary's Name ..... Telephone No. .....

Venue email Address .....