SOUTH EAST OPEN CRIBBAGE LEAGUE

www.independentcribbage.co.uk

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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 31st May)

Captain's Name .....

Address .....

Telephone No. .....

Secretary's Name .....

Address .....

Telephone No. .....

Email address for team contact .....