



# WEST YORKSHIRE COUNTY POOL ASSOCIATION

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## 2019 INTERLEAGUE TEAM REGISTRATION FORM

|  |  |  |
|--|--|--|
| NAME OF INTERLEAGUE TEAM                                       |  |  |
| NAME OF AFFILIATED LEAGUE                                      |  |  |
| NAME OF AFFILIATED LEAGUE CONTACT<br><i>(for player stats)</i> |  |  |
| E-MAIL ADDRESS FOR LEAGUE CONTACT<br><i>(for player stats)</i> |  |  |
| NAME OF INTERLEAGUE TEAM CAPTAIN                               |  |  |
| CONTACT TELEPHONE NUMBER(S)                                    |  |  |
| ADDRESS  |  |  |
| POSTCODE   |  |  |
| EMAIL ADDRESS  |  |  |
| VENUE FOR INTERLEAGUE TEAM                                     |  |  |
| ADDRESS  |  |  |
| POSTCODE   |  |  |
| CONTACT NUMBER   |  |  |

**NB: KO Cup will be held in October 2019 in Great Yarmouth**

PLEASE RETURN THIS FORM TO CHRISTINE ARMITAGE (Address above)  
ALONG WITH £50 TEAM ENTRY FEE (cheques payable to W.Y.C.P.A).  
All Interleague team applications are subject to ratification by the WYCPA Committee.  
Entries will only be accepted from Affiliated leagues.