THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

SECRETARY: _____

ADDRESS: _____

_____

POST CODE: _____

E-MAIL ADDRESS: _____

DATE:

NUMBER OF MEMBERS IN YOUR CLUB _____

REGISTRATION FEES ENCLOSED **£** _____

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

REGISTRATION OF MEMBERS

CONTINUATION SHEET

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

DATE: _____

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF NEW MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

SECRETARY: _____

ADDRESS: _____

_____

POST CODE: _____

E-MAIL ADDRESS: _____

DATE:

NUMBER OF NEW MEMBERS TO BE REGISTERED _____

PLEASE ATTACH 2 PASSPORT SIZE PHOTOGRAPHS OF EACH NEW MEMBER

REGISTRATION FEES ENCLOSED _____

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA No.

TEMPORARY TRANSFERS FOR INDOOR TOW

TRANSFER OF MEMBERS

Please indicate which

REGISTRATION CARDS MUST BE ENCLOSED WITH THIS FORM

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

SECRETARY: _____

ADDRESS: _____

_____

POST CODE: _____

E-MAIL ADDRESS: _____

DATE:

NUMBER OF TEMPORARY TRANSFERS; _____

NUMBER OF TRANSFERS: _____

REGISTRATION FEES ENCLOSED £ _____

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF JOINING	PREVIOUS CLUB	DATE OF LEAVING PREVIOUS CLUB	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

TEMPORARY TRANSFERS FOR INDOOR TOW TRANSFER OF MEMBERS ***REGISTRATION CARDS MUST BE ENCLOSED WITH THIS FORM***		Please indicate which

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

SECRETARY: _____

ADDRESS: _____

_____

POST CODE: _____

E-MAIL ADDRESS: _____

DATE:

NUMBER OF TEMP. TRANSFERS; _____

NUMBER OF TRANSFERS: _____

REGISTRATION FEES ENCLOSED £ _____

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF JOINING	PREVIOUS CLUB	DATE OF LEAVING PREVIOUS CLUB	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER