THE TUG OF WAR ASSOCIATION

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

PLEASE USE BLOCK CAPIT	'ALS '	THROUGHOUT	
NAME OF CLUB:			
SECRETARY:		-	
ADDRESS:			
POST CODE:			
E-MAIL ADDRESS:			
DATE:			
NUMBER OF TEMP. TRANSFERS;			
NUMBER OF TRANSFERS:			
REGISTRATION FEES ENCLOSED	£		
The Name and Date of Birth will be s	shared	with the Child Protection Offic	er if Under 18 y

<u>ears</u>

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

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REGISTRATION OF MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF C SECRETA ADDRESS POST CODE	RY:		· ·
E-MAIL ADI	DRESS:		
DATE:			
NUMBER OI	F MEMBERS IN YOUR CLUB		
REGISTRAT	TION FEES ENCLOSED £		
The Name a	and Date of Birth will be shared with the Ch	ild Protection Office	cer if Under 18 years
INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

REGISTRATION OF MEMBERS

CONTINUATION SHEET

NAME OF CLUB:	OCK CAPITALS THROUGH		
OATE:			
he N ame and D ate	e of B irth will be shared with	the Child Protection Office	er if Under 18 years
INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

REGISTRATION OF NEW MEMBERS

NAME OF CLUB:		
SECRETARY:		
ADDRESS:		
POST CODE:		
E-MAIL ADDRESS:		
DATE:		
NUMBER OF NEW ME	MBERS TO BE REGISTERED	
PLEASE ATTACH 2 PA	SSPORT SIZE PHOTOGRAPHS OF EACH NEW MEMBER	
REGISTRATION FE	ES ENCLOSED	

The Name and Date of Birth will be shared with the Child Protection Officer if Under 18 years

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