

CAMBRIDGESHIRE POOL ASSOCIATION LEAGUE AFFILIATION FORM

NAME OF LEAGUE	
Name address / phone No.of Chairman	
Name address / phone No of Secretary	
Name address / phone No. of Treasurer	
Town / City or Area covered	
Name address to which all correspondence should be sent.	
Number of teams.	
Number of players in team.	
Match night	
Rules currently played	
How long has the league been formed	
Do you wish to enter Inter-league	
Do you wish to enter Champ of Champs	
Are your players interested in playing for the County? (Men's / Ladies / Youth)	

I/We the undersigned, acting on behalf of the... ..League.
Submit this document as formal application for the purpose of affiliating to the C. P. A.

I/We declare that the above information is accurate.

I/We understand that should our application be successful we will immediately become affiliated to the C. P. A.

I/We undertake to abide by the Constitution and Rules of the C. P. A.

I/We hereby enclose a cheque, made payable to the Cambridgeshire Pool Association to the sum of £..... Cheque No..... This being the annual subscription.
(The annual subscription is £5-00 per venue per League).

Signed. (Chairman/Secretary/Treasurer)

This form must be completed and returned, with the appropriate fee, to the C. P. A. Cheques payable to Cambridgeshire Pool Association.

Post to: Cambs. Secretary. Irene Tyers. 4, Woolgard, South Bretton, Peterborough. Cambs. PE3 6FX