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| **FORM TO: THREE SWORDS LEAGUE SECRETARY**  **BY: 11 July 2018** |

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

www.essexmet.co.uk

**FORM SLE1A**

**THREE SWORDS LEAGUE ENTRY FORM 2018/2019**

1. Name of Club:

2. Number of team(s) entering League:

3. Secretary - Name: Mr/Mrs/Miss/Ms

Telephone no: Home: Work:

Mobile:

**v. important:** Club contact email address:

4. Emergency Contact - Name:

Telephone no: Home: Work:

Mobile:

Email address:

**Consent to the use of personal data**

I consent to Essex Metropolitan Netball Association including my personal data (my name, email address and telephone number(s) on its list of Club Contacts on its website.

I understand that I can withdraw my consent to this use of my personal data at any time by sending notice in writing or by email to the League Secretary.

Secretary Emergency

Name: ……………………………………………………………………………… Name: ……………………………………………………………………………

Club: ………………………………………………………………………………

Signature: ……………………………………………………………………………… Signature: ……………………………………………………………………………

Date: …………………………………………………………………………… Date: ……………………………………………………………………………

**PLEASE RETURN THIS FORM TO THE PROXY 3 SWORDS LEAGUE SECRETARY**

**BY 11 July 2018**

**Please indicate the format you would prefer for this league, ie number and times of fixtures by email to:** [**memfuller8@gmail.com**](mailto:anngs71@yahoo.com)

NB. Please remember to complete the Confirmation of Three Swords League Entry Form and return it to the Three Swords League Secretary by:

**10 August 2018.**

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| **FORM TO: TEASURER - WITH MONEY**  **THREE SWORDS LEAGUE SECRETARY**  **BY: 10 August 2018** |

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

www.essexmet.co.uk

**Confirmation of THREE SWORDS LEAGUE ENTRY FORM 2018/2019 FORM SLE1**

1. Name of Club:

2. Name(s) of team(s) entering League:

Entry fee: Affiliated to Essex Met.teams (£10.00) £

Affiliated outside Essex Met. teams (£60.00) £

3. Secretary - Name: Mr/Mrs/Miss/Ms

Telephone no: Home: Work:

Mobile:

**v. important:** Club contact email address:

4. Emergency Contact - Name:

Telephone no: Home: Work:

Mobile:

Email address:

5. Club Training Night: Club Colours:

Training venue:

Training address:

6. Is your club open to new members? YES/NO

**Consent to the use of personal data**

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Name: ……………………………………………………………………………… Name: ……………………………………………………………………………

Club: ………………………………………………………………………………

Signature: ……………………………………………………………………………… Signature: ……………………………………………………………………………

Date: …………………………………………………………………………… Date: ……………………………………………………………………………

**PLEASE RETURN THIS FORM TO THE PROXY 3 SWORDS LEAGUE SECRETARY**

email: [memfuller8@gmail.com](mailto:anngs71@yahoo.com)

**SEND A COPY OF THE FORM, *WITH YOUR CHEQUE FOR £90.00 PER CLUB***

To Maggie Fuller: email: [memfuller8@gmail.com](mailto:memfuller8@gmail.com) 8 Bloomfield Crescent, Ilford, Essex IG2 6DR

Bank transfer: sort code: 089299 a/c: 65422500 or cheque payable to Essex Met N.A.

**BY 10 August 2018**

**PLEASE NOTE LATE ENTRIES WILL NOT BE ACCEPTED**