 ![lbsobannerhigh[1].jpg]() 

KINDLY SPONSORED BY CONCEPT TAVERNS / THE ‘NORTHERN SNOOKER CENTRE’

**\*\* 2024 - 2025 – LBSO SNOOKER LEAGUE ENTRY FORM \*\***

**(Please complete ALL sections – in BLOCK CAPITALS)**

**FEES –: £130 (PER TEAM) – Payable by 20th MAY 2024 (if not before)! Last Date for Entry -: 20th MAY 2024**

 **(AT THE MEETING - HELD AT SOUTH LEEDS CONS)**

**LBSO BANK TRANSFER DETAILS-: Acc. No: 28191460 S/Code: 77 14 07**

**CLUB DETAILS – PLEASE COMPLETE ALL SECTIONS:**

|  |  |
| --- | --- |
| **CLUB NAME** |  |
| **CLUB ADRESS** |  |
| **POSTCODE** |  | **CLUB** **TEL. NO.** |  | **CAN U.16’s WATCH?** | **Y** | **N** | **CAN U.16’s PLAY?** | **Y** | **N** |
| **CLUB PLAYING OUT OF –** **(ONLY IF DIFFERENT TO ABOVE)** |  | **CAN U.18’s WATCH?** | **Y** | **N** | **CAN U.18’s PLAY** | **Y** | **N** |

**PLEASE COMPLETE:** **FOR COMPLETION BY LBSO OFFICIALS ONLY:**

Name of Person submitting form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date – Entry Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile / Tel. No. (If **not** a Captain/IT Delegate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date – Fee paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address - (If **not** a Captain/IT Delegate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee paid by- Cash / Cheque / Bank Transfer

 Date Entry accepted / by LBSO Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REGISTRATION OF ALL CLUB TEAMS / PLAYERS – Please also see over the page** |
| **ALL TEAMS / PLAYERS – DETAILS** – (Please complete all sections):* **Team Captain** (**MANDTORY**) - (& if they will input league results on the website)
* **OR** - **IT Delegate** – (who will input league results – if captain indicates N = No)
* **Registration of Captain / (IT Delegate) & ALL other players (Old & New)**
* Each team - **MINIMUM** of 6 players in order of merit, **with last year’s handicaps**.

  | **ALL TEAMS / PLAYERS – DETAILS** – (Please complete all sections):* **NEW** players **MUST** be highlighted in the far-right end column as “NEW”
* **Christian names** **MUST** be used in all cases
* **Tel. No’s and email addresses** – would be appreciated wherever possible
* **ONLY REGISTERED PLAYERS MAY PLAY IN THE LEAGUE OR ENTER LBSO COMPS!**
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| **TEAM****A/C** | **TEAM CAPTAIN (MANDATORY)** | **Name:** | **1. Tel. No & 2. email address – provide below** | **INPUT RESULTS** | Y | N |
| **OR - IT DELEGATE (OPTIONAL)** | **Name:** | **1. Tel. No & 2. email address – provide below** | **INPUT RESULTS** | Y | N |
| **NO.** | **CHRISTIAN NAME/S** | **SURNAME/S** | **HCP** | **TELEPHONE NO.** | **EMAIL ADDRESS** | **NEW** |
| **1** |  |  |  |  |  |  |
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| **15** |  |  |  |  |  |  |

**\*\*ALL CAPTAINS PLEASE NOTE – ALL SEASON START HANDICAPS FOR ALL PLAYERS YOU REGISTER HERE (OLD & NEW) - ARE TAKEN FROM THIS FORM & NOWHERE ELSE!**

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| **TEAM****B/D** | **TEAM CAPTAIN (MANDATORY)** | **Name:** | **1. Tel. No & 2. email address – provide below** | **INPUT RESULTS** | Y | N |
| **OR - IT DELEGATE (OPTIONAL)** | **Name:** | **1. Tel. No & 2. email address – provide below** | **INPUT RESULTS** | Y | N |
| **NO.** | **CHRISTIAN NAME/S** | **SURNAME/S** | **HCP** | **TELEPHONE NO.** | **EMAIL ADDRESS** | **NEW** |
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| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |