



KINDLY SPONSORED BY CONCEPT TAVERNS / THE NORTHERN SNOOKER CENTRE

**** 2024 - 2025 - LBSO SNOOKER LEAGUE ENTRY FORM ****
 (Please complete ALL sections - in BLOCK CAPITALS)

FEEES - : £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 ADDRESS							
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:

Name of Person submitting form: _____

Mobile / Tel. No. (If not a Captain/IT Delegate): _____

Fee paid by- _____

Date Entry accepted / by LBSO Official: _____

Date - Entry Submitted: _____

Date - Fee paid: _____

Cash / Cheque / Bank Transfer _____

REGISTRATION OF ALL CLUB TEAMS / PLAYERS - Please also see over the page

- ALL TEAMS / PLAYERS - DETAILS** - (Please complete all sections):
- Team Captain (MANDATORY) - (& 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!**

TEAM A/C	TEAM CAPTAIN (MANDATORY) OR - IT DELEGATE (OPTIONAL) CHRISTIAN NAME/S	Name:	1. Tel. No & 2. email address – provide below		Y	N
			SURNAME/S	HCP		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						NEW

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

TEAM B/D	TEAM CAPTAIN (MANDATORY) OR - IT DELEGATE (OPTIONAL) CHRISTIAN NAME/S	Name:	1. Tel. No & 2. email address – provide below		Y	N
			SURNAME/S	HCP		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						NEW