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 tea	m(s) entering League:				
3.	Secretary -	Name: Mr/Mrs/Miss/Ms				
		Telephone no: Home:	Work:			
	Mobile:					
	v. important: (Club contact email address:				
4.	Emergency Cor	ntact - 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 <u>11 July 2018</u>

Please indicate the format you would prefer for this league, ie number and times of fixtures by email to: memfuller8@gmail.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.

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 te	eam(s) entering League:			
	Entry fee:		iated to Essex Met.teams (£10.00) iated outside Essex Met. teams (£60.0	£ 00) £	
3.	Secretary -	Nam	e: Mr/Mrs/Miss/Ms		
		Tele	phone no: Home: Worł Mobile:	c	
	v. important: Club contact email address:				
4.	Emergency C	ncy Contact - Name:			
		Tele	phone no: Home: Worl Mobile:	c	
		Ema	il address:		
5.	Club Training Traini Traini	ng ver	nue:		
6.	ls your club o	pen to	o new members? YES/NO		
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

email: memfuller8@gmail.com

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

To Maggie Fuller: email: <u>memfuller8@gmail.com</u> 8 Bloomfield Crescent, Ilford, Essex IG2 6DR Bank transfer: sort code: 089299 a/c: 65422500 or cheque payable to Essex Met N.A.

BY <u>10 August 2018</u> PLEASE NOTE LATE ENTRIES WILL <u>NOT</u> BE ACCEPTED