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**L & D Hospital Bereavement Suite ‘Forget Me Not’**

**Entry Form**

**Charity Tournament**

**Sunday 17th September 2023**

**Please Complete One Form Per Team Entering!**

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| --- | --- |
| **Team Name:** |  |
| **E-mail Address:** |  |
| **Qualified Umpire:** ***(Compulsory IO or higher)*** |  |
| **Umpire Status:*****(Circle as applicable)*** | **Playing** | **Non Playing** |

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| **SQUAD LIST** |
| **Players Full Name** | **Team/League Affiliated To (If applicable)** |
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| **Completed Forms: Please e-mail completed Forms to** **lddnltournaments@gmail.com** **NO LATER THAN Monday 11th September 2023 and also confirmation £35 Entry Fees have been paid online *to* Sort Code: 30-95-28 Account Number: 00134645 *(£5 will be donated to the Luton & Dunstable Hospital Bereavement Suite ‘Forget Me Not’)*.****Note: Entry Fees ARE NOT REFUNDABLE if a Team withdraws.** |