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Competition

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ENTRY FORM

Competition Name:

Staffordshire Open

Competition Date:

08/01/11

Full Name:

Contact Phone Number:

House Name/Number:

Post Code:

Players Membership Number:

By signing this form you are under contractual obligations to complete the organised event and pay the entrance fee in full.

Signed:

Date:

Full Entry Fee Paid:

Deposit Fee Paid: Payment: 1 2 3 4 5

Official use only

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