THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: ______________________________

SECRETARY: ______________________________

ADDRESS: ______________________________

____

POST CODE: ______________________________

E-MAIL ADDRESS: ______________________________

DATE:

NUMBER OF MEMBERS IN YOUR CLUB ______________________________

REGISTRATION FEES ENCLOSED **£** ______________________________

Any Team Member Registered On This Form Must Agree To Provide A Sample For Drug Testing Purposes, If Requested, At A TOWA Championship Event

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF MEMBERS

CONTINUATION SHEET

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: ______________________________

DATE: ______________________________

Any Team Member Registered On This Form Must Agree To Provide A Sample For Drug Testing Purposes, If Requested, At A TOWA Championship Event

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF NEW MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

SECRETARY: _____

ADDRESS: _____

_____

POST CODE: _____

E-MAIL ADDRESS: _____

DATE:

NUMBER OF NEW MEMBERS TO BE REGISTERED _____

PLEASE ATTACH 2 PASSPORT SIZE PHOTOGRAPHS OF EACH NEW MEMBER

REGISTRATION FEES ENCLOSED £ _____

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The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA No.

TEMPORARY TRANSFERS FOR INDOOR TOW

TRANSFER OF MEMBERS

REGISTRATION CARDS MUST BE ENCLOSED WITH THIS FORM

	Please indicate which

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: ______________________

SECRETARY: ______________________

ADDRESS: ______________________

____

POST CODE: ______________________

E-MAIL ADDRESS: ______________________

DATE:

NUMBER OF TEMPORARY TRANSFERS; ________

NUMBER OF TRANSFERS: ______________

REGISTRATION FEES ENCLOSED £ ______________

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The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF JOINING	PREVIOUS CLUB	DATE OF LEAVING PREVIOUS CLUB	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF 4x4 MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____

SECRETARY: _____

ADDRESS: _____

_____

POST CODE: _____

E-MAIL ADDRESS: _____

DATE:

NUMBER OF MEMBERS IN YOUR CLUB _____

REGISTRATION FEES ENCLOSED **£** _____

Any Team Member Registered On This Form Must Agree To Provide A Sample For Drug Testing Purposes, If Requested, At A TOWA Championship Event

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER

THE TUG OF WAR ASSOCIATION

AREA

REGISTRATION OF 4x4 MEMBERS

CONTINUATION SHEET

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: ______________________________

DATE: ______________________________

Any Team Member Registered On This Form Must Agree To Provide A Sample For Drug Testing Purposes, If Requested, At A TOWA Championship Event

The **N**ame and **D**ate of **B**irth will be shared with the **C**hild **P**rotection **O**fficer if Under 18 years

INITIALS & SURNAME	ADDRESS	DATE OF BIRTH IF UNDER 23 YEARS	REGISTRATION NUMBER