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# REGISTRATION OF MEMBERS

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. Please Note That Photographs May Be Taken Of Competitors/Coaches At	
Competitions Permitted By The TOWA. If Any Of Your Club Members Do Not Want Their Phptographs Taken/Published You Must Advise The TOWA Of This.	

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

## CONTINUATION SHEET

### PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB:	
<b>DATE:</b>	
Any Team Membe	r Registered On This Form Must Agree To Provide A Sample For
<b>Drug Testing Pur</b>	ooses, If Requested, At A TOWA Championship Event.
Please Note That	Photographs May Be Taken Of Competitors/Coaches At
<b>Competitions Per</b>	mitted By The TOWA. If Any Of Your Club Members Do Not Want
The star Dhanks are a sale	s Taken/Published You Must Advise The TOWA Of This.

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

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### REGISTRATION OF NEW MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT	<u>r</u>
NAME OF CLUB:	
SECRETARY:	
ADDRESS:	
POST CODE:	
E-MAIL ADDRESS:	
DATE:	
NUMBER OF NEW MEMBERS TO BE REGISTERED	
PLEASE ATTACH 2 PASSPORT SIZE PHOTOGRAPHS O	F EACH NEW MEMBER
REGISTRATION FEES ENCLOSED £	
Any Team Member Registered On This Form	n Must Agree To Provide A Sample For
Drug Testing Purposes, If Requested, At A To	OWA Championship Event.
Please Note That Photographs May Be Taker	n Of Competitors/Coaches At
Competitions Permitted By The TOWA. If An	
Their Phptographs Taken/Published You M	

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

# THE TUG OF WAR ASSOCIATION

IAREA NO.	AREA No.	
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TEMPORARY TRANSFERS FOR INDOOR TOW		Please
TRANSFER OF MEMBERS		indicate which
PECISTRATION CARDS MUST BE ENCLOSED WITH THIS I	EODM	

PLEASE USE BLOCK CAPITALS TI	HROUGHOUT	
NAME OF CLUB:		
SECRETARY:		
ADDRESS:		
POST CODE:		
E-MAIL ADDRESS:		
DATE:		
NUMBER OF TEMPORARY TRANSFERS;		
NUMBER OF TRANSFERS:		
REGISTRATION FEES ENCLOSED	£	
Any Team Member Registered On Thi	is Form Must Agree To Provide A San	nple For
<b>Drug Testing Purposes, If Requested,</b>	At A TOWA Championship Event.	
Please Note That Photographs May Be	*	
<b>Competitions Permitted By The TOW</b>		
Their Phptographs Taken/Published	<b>You Must Advise The TOWA Of This.</b>	

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

AREA	
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### **REGISTRATION OF 4x4 MEMBERS**

# 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. Please Note That Photographs May Be Taken Of Competitors/Coaches At Competitions Permitted By The TOWA. If Any Of Your Club Members Do Not Want Their Phptographs Taken/Published You Must Advise The TOWA Of This.

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

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# REGISTRATION OF 4x4 MEMBERS

# CONTINUATION SHEET

PLEASE USE BLOCK CA	PITALS THROUGHOUT
NAME OF CLUB:	
DATE:	
Any Team Member Re	gistered On This Form Must Agree To Provide A Sample For
<b>Drug Testing Purposes</b>	, If Requested, At A TOWA Championship Event.
<b>Please Note That Phot</b>	ographs May Be Taken Of Competitors/Coaches At
<b>Competitions Permitte</b>	d By The TOWA. If Any Of Your Club Members Do Not Want
*	ken/Published You Must Advise The TOWA Of This.
	n will be shared with the Child Protection Officer if Under 18 years
	DATE OF BIRTH
l l	I DATE OF BIRTH I

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