## **Dublin Lawn Tennis Council**

## **ENTRY FORM**

## **0.65s MEN'S THURSDAY LEAGUE 2017**

Address of Club:					
Hon. Secretary/					
League Contact:					
Address:					
	TT		XX7. 1		
Phone Nos.:	Home:		Work:		
E Maila	Club:		Mobile		
E Mail:					
Total Number of o	courts:				ll Club Courts available for
				this leag	gue as per Rule
				19	
We wish to enter th	he followi	ng number o	of teams:		
	1				
Number of Men's Te			per team	€	
Where payment is m	•	_			
the name of the CL	LOB IS Clea	rry detailed as	the reference	<b>9.</b>   C	
We enclose a cheque for:				r: €	
			1		
				1 1	
Signature of Hon. Sec	retary/Hon.	Treasurer:			
Any special requests	or problem	ns:			
Any special requests	or problem	ns:			