



# Eastern Gauteng Pool Association



affiliated to:  
Pool South Africa

## 2020 – CLUB REGISTRATION FORM

Name of Club:	
Address:	
Telephone:	
Cell Number:	
E-mail address:	

Manager / Chairperson / Owner:	
Telephone:	
Cell Number:	
E-mail address:	

Club Captain:	
Telephone:	
Cell Number:	
E-mail address:	

Number of tables:	
Teams in Premier:	
Teams in Super:	
Teams in Vets:	
Total number of Teams:	

I, \_\_\_\_\_ hereby confirm that the above mentioned information provided is true and correct as at the below mentioned date.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date