



Membership Number \_\_\_\_\_

NEW PLAYER REGISTRATION FORM

Please Use Block Capitals

Name : \_\_\_\_\_

Poker Nickname \_\_\_\_\_

Home Town : \_\_\_\_\_

Post Code : \_\_\_\_\_

Email : \_\_\_\_\_

Mob: \_\_\_\_\_

I confirm that these details are correct and that I am at least 18 years of age.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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