

## ORRELL & DISTRICT QUIZ LEAGUE REGISTRATION FORM

<b>Team Name</b>	
<b>Venue</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone No.</b>	

<b>Secretary Name</b>	
<b>Telephone No.</b>	
<b>Email Address</b>	

<b>Alternative Contact</b>	
<b>Telephone No.</b>	
<b>Email Address</b>	

Communication will normally be by e-mail. If you require copies by post, please indicate if this is to be to the venue or to an alternative address.

<b>Address</b>	
<b>Postcode</b>	