

# Registration form



## LITTLEPORT LIONS KORFBALL CLUB

### 2-day tournament

Sat 23<sup>rd</sup> - Sun 24<sup>th</sup> May 2009

Club name: .....

We would like to enter ..... team(s) in the **Seasoned Players Tournament**  
£30 per team (£35 if paying on the day)

We would like to enter ..... team(s) in the **Beginners Tournament**  
£25 per team (£30 if paying on the day)

Contact name: .....

Contact address: .....

.....

Contact email: .....

Contact tel: .....

Please return this form and payment by 16<sup>th</sup> May 2009 to:  
Laura Neaves, 70 Victoria Street, Littleport, Ely, Cambs. CB6 1LZ

I enclose a cheque payable to 'Littleport Lions Korfbal Club' for £ .....

Or email [secretary@littleport-lions.co.uk](mailto:secretary@littleport-lions.co.uk) and send your payment to:

Name of Account: **Littleport Lions Korfbal Club**

Bank Name: **HSBC**

Bank Address: **5 Buttermarket, Ely, Cambs, CB7 4PA**

Sort code: **40-20-38**

Account number: **81224085**

Please quote your club name and number of teams in the reference