

Region Official's Signature:

## **ENGLISH POOL ASSOCIATION** RECOGNISED BY THE SPORTS COUNCIL AS THE GOVERNING BODY FOR POOL IN ENGLAND

V.A.T. No. 601 512 790

www.epa.org.uk

Year



| »» Please Refer to Instructions Overleaf For The Correct Completion Of This Form »»  |                             |  |             |                             |               |             |                                  |  |
|--|-----------------------------|--|-------------|-----------------------------|---------------|-------------|----------------------------------|--|
| Application Typ<br>*New (Snr) *New (Jnr)   | *                           | Box Only<br><sup>k</sup> Renewal (Snr)<br><sup>k</sup> Renewal (Jnr) |             | unior To Sen<br>nange Of De |               |             | ent Year Card<br>ent Photo Card  |  |
|  |                             |  |             |                             |               |             |                                  |  |
| ALL Shaded BOXES MU Forename   | /ST be Complete             | d and PRINTED CLEAR Surname  | LY in BLOCK | CAPITALS                    |               |             | ID NUMBER<br>an existing holder) |  |
| Address Line 1   |                             |  |             |                             |               |             |                                  |  |
| Address Line 2   |                             |  |             |                             |               | SEX(M/F)    | DATE of BIRTH                    |  |
| Town / City  |                             |  |             |                             |               |             |                                  |  |
| POSTCODE   |                             |  |             |                             |               | EPA REG     | ISTRATION FEE                    |  |
| TEL No.1   |                             |  |             |                             |               |             | 0                                |  |
| TEL No.2(Optional)   |                             |  |             |                             |               |             | <b>0</b> . payable to:           |  |
| EMAIL:(Optional)   |                             |  |             |                             |               |             | FFORDSHIRE<br>OOL ASSOCIATION    |  |
| *Circle Region<br>REGION 1 2 3 4 5 6 7 COUNTY Staffordshire INTERLEAGUE TEAM<br>Affiliated Leagues You Play in:  |                             |  |             |                             |               |             |                                  |  |
| 1.   |                             |  |             | 4.                          |               |             |                                  |  |
| 2.   |                             |  |             | 5.                          |               |             |                                  |  |
| 3.   |                             |  |             | 6.                          |               |             |                                  |  |
| Please tick here if information given above is only for EPA Data use.  |                             |  |             |                             |               |             |                                  |  |
| I apply for the English Pool Association ID Card, and agree to abide by the rules and constitution of the Association.<br>I understand that should I play in or administer a pool event organised in direct competition with the English Pool Association<br>(EPA), then this registration may be suspended.<br>Events to which this condition has already been determined to apply are ones not organised by the EPA, or a County Association<br>affiliated to it where the players purport to represent England or an English county.<br>PLAYER'S SIGNATURE**: DATE: |                             |  |             |                             |               |             |                                  |  |
|  |                             |  |             |                             |               |             |                                  |  |
| ** If you are UNDER 1  | 18 on 1 <sup>st</sup> JANUA | RY, this form MUST be  | COUNTERSI   | GNED by a PAI               | RENT/ LEGAL ( | JUARDIAN    |                                  |  |
| PARENT/GU  |                             |  |             |                             | D.1.7         | r.          |                                  |  |
| SIGNATURE:  DATE:    Tick as Applicable  FATHER    MOTHER  LEGAL GUARDIAN  |                             |  |             |                             |               |             |                                  |  |
| This registration form to be returned along with the registration fee (and photographs if required) to:  |                             |  |             |                             |               |             |                                  |  |
| Section Below for County / Region / National use ONLY  |                             |  |             |                             |               |             |                                  |  |
| Play   | ver Status:                 | Interleague: Yes   | /No         |                             | Co            | unty Yes/No |                                  |  |
| County Official's  | Signature:                  |  |             | DATE:                       |               |             |                                  |  |

DATE:



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| Failure to complete the form correctly will result in the form being returned.  |  |  |  |  |
|---|--|--|--|--|
| JUNIORS:  | These are persons who are UNDER 18 Years old on the 1 <sup>st</sup> January on the year of Application.  |  |  |  |
| ALL APPLICATIONS:   | Must be completed correctly, in Block Print and must be accompanied by the relevant fees.<br>These must be sent to the County Secretary<br>All Fees must accompany the form and WILL NOT be processed until Form, Payment AND Pho<br>have been presented to the Secretary.   |  |  |  |
|   | If you are transferring from another County Association please speak to your new County Secret reference filling in a transfer form. Section 6 of the ID Registration of ID members.   |  |  |  |
| ID PHOTO'S :  | All Photos must be sent electronically to  |  |  |  |
|   | admin@staffs-pool.co.uk  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Now Applications:   | Photos' and all shaded boxes completed   |  |  |  |
| <b>New Applications</b> :<br>Junior & Senior  | Photos' and all shaded boxes completed.<br>If Junior Application, then the form MUST BE COUNTERSIGNED by Parent/<br>Legal Guardian.  |  |  |  |
|   | If Junior Application, then the form MUST BE COUNTERSIGNED by Parent/<br>Legal Guardian.<br>All Shaded boxes to be completed (EPA ID Number to be inserted.)   |  |  |  |
| Junior & Senior<br>Renewals:<br>Junior & Senior<br>Change of Details:   | If Junior Application, then the form MUST BE COUNTERSIGNED by Parent/<br>Legal Guardian.<br>All Shaded boxes to be completed (EPA ID Number to be inserted.)<br>If Junior Application then the form MUST BE COUNTERSIGNED by Parent/ Le<br>Guardian.   |  |  |  |
| Junior & Senior<br>Renewals:<br>Junior & Senior   | If Junior Application, then the form MUST BE COUNTERSIGNED by Parent/<br>Legal Guardian.<br>All Shaded boxes to be completed (EPA ID Number to be inserted.)<br>If Junior Application then the form MUST BE COUNTERSIGNED by Parent/ Le  |  |  |  |
| Junior & Senior<br>Renewals:<br>Junior & Senior<br>Change of Details:<br>Junior To Adult:   | If Junior Application, then the form MUST BE COUNTERSIGNED by Parent/<br>Legal Guardian.<br>All Shaded boxes to be completed (EPA ID Number to be inserted.)<br>If Junior Application then the form MUST BE COUNTERSIGNED by Parent/ Le<br>Guardian.<br>As per <b>new application</b> . PLEASE STATE                 |  |  |  |
| Junior & Senior<br>Renewals:<br>Junior & Senior<br>Change of Details:<br>Junior To Adult:<br>Name/Address Change etc:<br>Replacement Cards: | If Junior Application, then the form MUST BE COUNTERSIGNED by Parent/<br>Legal Guardian.<br>All Shaded boxes to be completed (EPA ID Number to be inserted.)<br>If Junior Application then the form MUST BE COUNTERSIGNED by Parent/ Le<br>Guardian.<br>As per <b>new application</b> . PLEASE STATE<br>PLEASE STATE |  |  |  |

| ALL CARDS                               |   |  |  |  |
|---|---|--|--|--|
| All Cards:                              | TO BE DISTRIBUTED BY SECRETARY  |  |  |  |
| ID Cards:                               | Must be kept by all players and a renewal fee per year paid by each player              |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| NB. Any incomplete, incorrect and/ defa | ced forms received by the Regional Registration Official will be returned to the County |  |  |  |

NB. Any incomplete, incorrect and/ defaced forms received by the Regional Registration Official will be returned to the County Official concerned without the players on those forms being registered.