# SOVT REGISTRATION FORM

- × We will only use these details to send information about the SOVT – please put a cross in the box if you don't want us to do this
- ✓ Please indicate Playing/Non-playing members of your party

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|---|---|
| **TEAM NAME** | |
| **DIVISION** | |

| | |
|---|---|
| **Name of Team Contact** | |
| **Home address** | **SOVT Weekend address** |
| **Home phone number** | |
| **Email address** | |
| **SOVT Weekend phone number** | |
| **Mobile phone number** | |

| **Team members** | **Playing** | **Non-playing** | **SOVT emails** | **Email address** |
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**Please remember to register on time. Registration is from 8.30 pm - 10.00 pm on Friday, or from 8.00 am - 8.30 am for Division of Honour and from 8.00 am - 9.00 am for other Divisions on Saturday.**

**By registering to play in the SOVT Tournament your team allow photographs/video footage to be taken purely for promotional purposes of the SOVT Tournament.**

**Signature of Team Contact ……**

**Print Name ……**