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| Winter 2019\_20 Team Name: |

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|  | **Name** | **EN Membership Number** | **County** |
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|  | **Name** | **Membership Number** | **Email** | **Telephone** |
| **Captain** |  |  |  |  |
| **Coach** |  |  |  |  |

Coach/Captain to sign before the start of season to confirm validity of information provided on this page:

**Please Tick to allow Video/photo’s to be taken to be used on Social Media for NDCNA**

**Please Tick to allow NDCNA to hold your contact details to help keep you updated with events and information**