**Name of Club** **Date**

***We hereby wish to enter teams for the Cheshire Junior Knockout Competitions (Cup, Bowl, Plate, Shield):***

Entry Fees for 2024/25 Season will be: ***£50 per team per age group***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***TEAM*** | ***Entry Yes / No*** | ***Contact name*** | ***Telephone Nos*** | ***Email Address*** | ***Entry Fee*** |
| ***Under 14*** |  |  | ***Home:******Mobile:*** |  |  |
| ***Under 15*** |  |  | ***Home:******Mobile:*** |  |  |
| ***Under 16*** |  |  | ***Home:******Mobile:*** |  |  |
| ***Under 17*** |  |  | ***Home:******Mobile:*** |  |  |
| ***Under 18*** |  |  | ***Home:******Mobile:*** |  |  |
|  |  |  |  | ***Total entry fee*** |  |

Send completed Forms by Email to:-

**cheshirerugby.mj.sec@gmail.com**

**Entry Fees can be transferred via Bacs Transfer to:**

 **Account name: Cheshire U21 Account**

**the Cooperative bank**

**sort code - 08-92-50**

**Account No. 52010721**

**The Reference Must Include: Junior Cup and club name**