

## Northern Region Sunday League 2024 - entry form

|                                    |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|
| <b>Date and location of round:</b> |   |   |   |   |   |   | <p>Notes: By entering a team you agree to follow the rules of the Sunday League as shown on the web page at <a href="http://www.nerowing.com/sundays.html">www.nerowing.com/sundays.html</a>. All team members must be 18+ and members of British Rowing (Row or Race). Coxswains may be 16+ (with parental permission if under 18). Please ensure all necessary boxes are complete before sending in form to <a href="mailto:colinwpercy@gmail.com">colinwpercy@gmail.com</a>. Use and save this form each round, so you can amend and use the next time with any necessary additional team members.</p> |
| <b>Club name:</b>                  |   |   |   |   |   |   |   |
| <b>Club entries contact:</b>       |   |   |   |   |   |   |   |
| <b>Contact email address:</b>      |   |   |   |   |   |   |   |
| <b>Contact mobile number:</b>      |   |   |   |   |   |   |   |
|                                    | <b>Entry 1</b>                          | <b>Entry 2</b>                          | <b>Entry 3</b>                          | <b>Entry 4</b>                          | <b>Entry 5</b>                          | <b>Entry 6</b>                          |   |
| <b>Category:</b>                   | Open or Women?                          | Open or Women?                          | Open or Women?                          | Open or Women?                          | Open or Women?                          | Open or Women?                          |   |
| <b>Team Name:</b>                  |   |   |   |   |   |   |   |
|                                    | <i>Tick box if rowing in this round</i> | <i>Tick box if rowing in this round</i> | <i>Tick box if rowing in this round</i> | <i>Tick box if rowing in this round</i> | <i>Tick box if rowing in this round</i> | <i>Tick box if rowing in this round</i> |   |
| <b>Team Captain name:</b>          | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 2 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 3 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 4 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 5 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 6 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 7 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 8 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |
| <b>Member 9 name:</b>              | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>                |   |
| <b>BR Number:</b>                  |   |   |   |   |   |   |   |