

Northern Region Sunday League 2022

Date and location of round:	<p>By entering a team you agree to follow the rules of the Sunday League as shown on the web page at www.nerowing.com/sundays2022.html. 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 Pam Walton at pwalton64@sky.com. Use and save this form each round, so you can amend and use the next time with any necessary additional team members.</p>					
Club Name:						
Club Contact:						
Email Address:						
Contact Number:						
	Entry 1	Entry 2	Entry 3	Entry 4	Entry 5	Entry 6
Category:	Open or Women	Open or Women	Open or Women	Open or Women	Open or Women	Open or Women
Team Name:						
	<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>
Team Captain name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 2 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 3 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 4 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 5 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 6 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 7 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 8 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						
Member 9 name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR Number:						