

Recognised by Sport England as the Governing Body for Pool in England

EPA ID Card Registration Form

(Please complete in block capitals)

First Name							Last Name								
Address															
Postcode															
Telephone Numbers			Mobile:						Landline:						
Email Address															
Date of Birth								N	Male/Female						
Current EPRA Referee (Yes/			No)			Grade		Who	Wheelchair User (Yes/No)						
Current EFF	INO)			Graue			vviiee	eiciiai	i USE	1 (165) NO)				
Region		County				Interle	eague Team								
Internation	al Playe	er (state C	Countr	y you p											
Affiliate d Lagrana Van Dlavin (wlagge liet)															
Affiliated Leagues You Play in (please list)															
Purpose of application (tick as applicable):															
New		R	al		Chang	e of Details			Replacement Car		nt Card	d			
Transfer Fro	om	,							•	•					
Docietanti															
Registration	1 Fee	£													

We will contact you as necessary with regard to fixtures and any necessary information regarding your membership of this organisation. We may like to contact you with details of competitions we run. Please indicate your preferences below with a tick if you would like to receive competition mailshots via (the EPA may not use all forms):

Liliali			TIONE		FUSL			I EXT IVI	၁ဠ		Tacebook			
WhatsA	прр	1	witter		Instagra	am								
Other (please give details):														
Additional information e.g. Twitter tag etc														
I apply for an English Pool Association ID Card and agree to abide by the Rules and Constitution of the														
Association. I have been made aware of and given access to the EPA Privacy Notice (also available on the														
EPA Website <u>www.epa.org.uk</u>).														
I understand EPA will not share my data with any third party other than any specifically approved by me or as required to facilitate the EPA's approved agreements, or which they have a legal obligation to, e.g.														
Government, Law Enforcement etc (see Privacy Notice).														
Player's	Signatu	ıre							Date					
i layer s	Jigilatt	41 C		Date										
If you are UNDER 18 on 1st January, this form MUST be COUNTERSIGNED by Parent/Legal Guardian														
Parent's or Guardian's								Date						
Signature							_ 333							
Please t	tick as a	ppropri	ate:											
Father	ier			Mother			Guardia			ian	an			
	Contact details if													
different from above														
For County / Regional / National Official Use Only														
ID Barcode Number								Fee Paid			Photo (Yes/I	No)		
1	0	0						£						

County Official's Signature

Player Status

County (Yes/No)

Date

Interleague (Yes/No)