

ENTRY FORM

Please Register by post before the Festival

Surname

Christian Names

Home Address

.....

Telephone Post Code

Alderney Address

.....

Telephone

Email

Date of Birth

For Office Use

Registration £40.00

I agree to abide by the Festival rules & regulations.

Signed

TEAMS

ONE PAIR AND /OR TEAM MEMBER ONLY PLEASE COMPLETE THIS FORM

Pairs

Name team member 1

Name team member 2

Or Four

Name team member 1

Name team member 2

Name team member 3

Name team member 4

Team Name (Your choice)

Veteran Shield 55 and over Please tick box

Please make cheques payable to Alderney Angling Festival and send this form together with your remittance to AAF, 32, Victoria Street, Alderney, GY9 3TA