

**COUNTY CHAMPIONSHIP**

**RANKING AND REGISTRATION FORM 2024-2025**

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| **COUNTY** |   | MEN **□** | WOMEN **□** |
| **SECTION***Tick box* | **CADETS** **□** | **JUNIORS****□** | **SENIORS****□** | **VETERANS****□** | **OVER 60s****□** |

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| **ELIGIBILITY QUALIFICATIONS**: - Confirm each player’s eligibility qualification in accordance with Regulation 11 |
| Players in the county championships must be at least paid-up **Compete Members** at the date of the match, must have **County Championships** selected in their TTE Membership Profile **and** have one of the following qualifications. Enter details in Qual. Box below \* and Panel B overleaf if appropriate |
| **B** - County of Birth  | **R** – County of Residence  |  **6** – Played on at least 6  occasions for this county  | **E –** Exceptionally see Reg 11.2 |

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| By completing this form, you agree for your details to be held on the Table Tennis England database, it will not be shared with any third parties. **Note: Date of Birth is NOT required for SENIORS.** |

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| **Rank** | **Individual****Membership** **Number** | **Full Name** | **Post Code** | **Date of Birth** | **Qual.\*** | **Confirmation of correct TTE membership**  | **Confirmation of correct TTE membership profile** |
| 1 |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |
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| 11 |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |

*Please continue list on reverse of this form if necessary*

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| **To be effective, this form must be sent to the appropriate Assistant Administrator postmarked at least 6 days before the match.** See Regulation: 12.1 and 12.2 |
| JUNIORS/CADETS | Tony Dixon, 43 Railbrook Hey, Old Swan, Liverpool, Merseyside L13 1DL | cadjunsencc@gmail.com |
| SENIORS | Tony Dixon, as above | As above |
| VETERANS | Reinhard Lindner, 4 Stourwood Mansions, Stourwood Avenue, Bournemouth BH6 3PP | secretary.mertonttc@talktalk.net |
| OVER 60s | Neil Hurford, 8 Morton Close, Abingdon, Oxon OX14 3XL | neilhurford999@gmail.com |

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| **WARNING: It is a breach of Table Tennis England Disciplinary Regulation 3.1.5 to put onto this form any information which you believe to be incorrect or which you have no reason to believe to be correct.** |
| On behalf of my Association, I declare that, to the best of my knowledge all the details on this form are correct. |
| NAME: | POSITION: |
| SIGNATURE: | DATE: |

A COMPLETE NEW LIST MUST BE SUBMITTED TO THE **ASSISTANT** **ADMINISTRATOR** EVERY TIME A CHANGE IS MADE TO THE RANKINGS

Form CC3

**COUNTY CHAMPIONSHIPS**

**RANKING AND REGISTRATION FORM 2023-2024**

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| **Rank** | **Individual****Membership****Number** | **Full Name** | **Post Code** | **Date of Birth** | **Qual.\*** | **Confirmation of correct TTE membership** | **Confirmation of correct TTE membership profile** |
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| 15 |  |  |  |  |  |  |  |
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| **PANEL B** Complete this list for players with qualifications other than residence. See Regulation (2022/23) 11.1, 11.2 |
| IndividualMembership Number | Full Name | Full particulars of qualification |
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Form CC3 page 2