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# ENGLISH POOL ASSOCIATION

RECOGNISED BY THE SPORTS COUNCIL AS  
THE GOVERNING BODY FOR POOL IN ENGLAND

VAT No: 601 512 790

[www.epa.org.uk](http://www.epa.org.uk)

FOR NEW ID CARD

**GLUE THE  
PHOTO HERE**

Passport  
Type & Size  
40mm high  
by  
30mm wide

## EPA ID Card Registration Form

>>> [PAY PAL AVAILABLE AT WWW.SUSSEXCOUNTYPOOLASSOCIATION.CO.UK](http://WWW.SUSSEXCOUNTYPOOLASSOCIATION.CO.UK) <<<

**All details MUST be completed in block capitals**

EPA ID No (R-C-NNN-YY-S) <small>(IF YOU ALREADY HOLD AN ID CARD)</small>						
7	6					

ID BARCODE NUMBER <small>(IF YOU ALREADY HAVE EPA GREEN CARD)</small>							
1	0	0	0	5	7	1	1

Purpose of application (\*Delete as applicable):

<input type="checkbox"/> *NEW	<input type="checkbox"/> *RENEWAL	<input type="checkbox"/> * CHANGE OF DETAILS	<input type="checkbox"/> * JUNIOR TO ADULT	<input type="checkbox"/> *TRANSFER	<input type="checkbox"/> *REPLACEMENT CARD
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<b>FIRSTNAME &amp; LASTNAME:-</b>	MARK HEWITT						
<b>ADDRESS:-</b>	132 TINSLEY LANE CRAWLEY						
<b>COUNTY:-</b>	WEST SUSSEX						
<b>POSTCODE:-</b>	R	H	1	0	8	A	T
<b>LANDLINE NUMBER:-</b>							
<b>MOBILE NUMBER:-</b>							
<b>E-MAIL ADDRESS:- <small>(BLOCK CAPITALS ONLY)</small></b>	SUSSEXINTER@AOL.COM						
<b>DATE OF BIRTH:-</b>	23/04/73				<b>MALE/FEMALE:-</b>	MALE	

<b>REGISTRATION FEE</b>	<b>£15.00</b>	<small>(Payable to Sussex County Pool Assoc). Circle payment method</small>	<b>PAYMENT METHOD</b>	cash	cheque	Pay pal
	<b>0</b>					

I apply for the English Pool Association ID Card, and agree to abide by the rules and constitution of the Association.

I understand that should I play in or administer a pool event organised in direct competition with the English Pool Association (EPA), then this registration may be suspended. Events to which this condition has already been determined to apply are ones not organised by the EPA, or a County Association affiliated to it where the players purport to represent England or an English county.

PLAYER'S SIGNATURE\*\*:-

DATE:

\*\* If you are UNDER 18 on 1<sup>st</sup> JANUARY, this form MUST be COUNTERSIGNED by PARENT/ LEGAL GUARDIAN

PARENT/LEGAL GUARDIAN'S SIGNATURE:-

DATE:

Please tick as appropriate

Father:-	<input type="checkbox"/>	Mother:-	<input type="checkbox"/>	Legal Guardian:-	<input type="checkbox"/>
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**For County / Regional / National Official Use:**

<b>PLAYER STATUS:-</b>	<u>County</u>	Yes	No	<b>Interleague:-</b>	Yes	No
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Return to:- SUSSEX CPA REGISTRATION OFFICER 12 HATHERLEIGH CLOSE, NORTH BERSTEAD, BOGNOR REGIS, PO21 5JA

-[SHEILA.STOTTDURHAM@SKY.COM](mailto:SHEILA.STOTTDURHAM@SKY.COM)

*County Official's Signature:* ..... *DATE* .....

