# 

# MASTERS COUNTY CHAMPIONSHIPS

CONFIRMATION OF HOME FIXTURES FORM

**From…………………………………………… To…………………………………………….**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Time** | Opponents | **Venue Details - Name/Town including Post Code** | **No. of Courts** | **Telephone No.** |
| **Over 40** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
|  | | | | | | |
| **Over 45** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
|  | | | | | | |
| **Over 50** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
|  | | | | | | |
| **Over 55** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
|  | | | | | | |
| **Over 60** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
|  | | | | | | |
| **Over 65** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
|  | | | | | | |
| **Over 70** | | | **Captain:**  **Email:** | | **Tel (H/W):**  **Tel (M):** | |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

**Refreshments:** Please indicate below the kind and level of refreshments provided by:

1. Your county……….Poor…..Adequate…..Good…..please circle…………………………………

2. By sports centre…..Poor…..Adequate…..Good…..please circle………………………………

## PLEASE COMPLETE IN BLOCK CAPITALS HOME TIES ONLY NEED TO BE COMPLETED

A copy of the completed Home Fixtures Form, and map where appropriate, should be sent by this date to each of your **opposing teams**, and to:

## Margaret Houlton, 56 Teg Down Meads, Winchester SO22 5ND

**Tel: 01962 869443 Email: mhoulton@gmail.com**