

# 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**