

ROEHAMPTON CLUB UNIVERSITY CUP

7 FEBRUARY 2026

APPLICATION FORM FOR PARTICIPATION IN UNIVERSITY SQUASH TEAM EVENT

(Please Type or Print Clearly in Ink)

University Name :

Billing Address :

.....

.....

.....

Contact Name :

Contact Telephone No. :

E-mail :

Team Captain /

Manager details :

Players :

(Please state gender
& ranked if known)

T-SHIRT SIZE

1.....

.....

male/female

2.....

.....

XXL-48"/18

XL-45"/16

L-43"/14

M-40"/12

S-38"/10

XS-35"/8

3.....

.....

4.....

.....

5.....

.....

6.....

.....

I confirm that will be attending the Roehampton Club University Cup.

Signed

Position.....

An invoice for £60.00 per person entry fee will be sent to you upon our receipt of this completed form.

Please note: your entry will be guaranteed once your payment has been received.