

# STOCKPORT METROPOLITAN BOROUGH COUNCIL

## Cricket 2026 - William Scholes Application Form

|                                         |                                   |
|-----------------------------------------|-----------------------------------|
| Full Title of Club:                     | Team Name (e.g.1 <sup>st</sup> ): |
| Please tick: Junior    /    Senior Team |                                   |
| League:                                 |                                   |
| Club Secretary:                         |                                   |
| Address of Secretary:                   |                                   |
| Postcode:                               |                                   |
| Secretary Contact Details:              |                                   |
| Daytime Telephone Number:               |                                   |
| Mobile Telephone Number:                |                                   |
| Email address:                          |                                   |
| Alternative Club Contact:               |                                   |
| Name:                                   |                                   |
| Daytime Telephone Number:               |                                   |
| Mobile Telephone Number:                |                                   |
| Email address:                          |                                   |

| Please tick appropriate boxes to confirm what allocation is required |     |     |     |     |    |    |
|----------------------------------------------------------------------|-----|-----|-----|-----|----|----|
| Pavilion Pitch                                                       | WED | FRI | SAT | SUN | AM | PM |
| Embankment Pitch                                                     | WED | FRI | SAT | SUN | AM | PM |

**Please return your completed form to:** [Janette.sadgrove@stockport.gov.uk](mailto:Janette.sadgrove@stockport.gov.uk)  
 Or Neighbourhoods Team, 4<sup>th</sup> Floor, Stopford House, Stockport SK1 3XE

|                         |       |
|-------------------------|-------|
| Signature of Secretary: | Date: |
|-------------------------|-------|

|                       |                  |                   |
|-----------------------|------------------|-------------------|
| For office use only:  | Customer Number: |                   |
| Application Received: |                  | Invoice Amount £: |
| Invoice Number:       |                  | Invoice Date:     |