

2019 “B” Inter District Championship

MEN’S TEAM DECLARATION FORM (Form A)

Completed form to be presented to the Tournament Committee at the Managers’ Meeting

District Name	Manager* / Captain name*	Contact number (during Tournament)

	BSA Number	Surname, Initials	Known as
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I declare that the players listed above are eligible to represent the District and are using legal sets of bowls.

Date _____ Manager* / Captain* _____

* Delete where not applicable

2019 “B” Inter District Championship

WOMEN’S TEAM DECLARATION FORM (Form A)

Completed form to be presented to the Tournament Committee at the Managers’ Meeting

District Name	Manager* / Captain name*	Contact number (during Tournament)

	BSA Number	Surname, Initials	Known as
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