

DECLARATION FORM: BOWLS SA U15 NATIONAL TOURNAMENT

DISTRICT: _____ TEAM: _____

TEAM MANAGER: _____ TEL NO: _____

Position	Bowls SA No	Full First Name(s)	Preferred Name	Surname
Skip				
3 rd				
2 nd				
Lead				
Reserve				

Note: The preferred name will be used for the attendance certificate

I, the Team Manager, hereby declare that the names as indicated are correct (including spelling) and that all the required documentation is attached to this declaration.

SIGNATURE

DECLARATION FORM: BOWLS SA U20 NATIONAL TOURNAMENT

DISTRICT: _____ TEAM: _____

TEAM MANAGER: _____ TEL NO: _____

Position	Bowls SA No	Full First Name(s)	Preferred Name	Surname
Skip				
3 rd				
2 nd				
Lead				
Reserve				

Note: The preferred name will be used for the attendance certificate

I, the Team Manager, hereby declare that the names as indicated are correct (including spelling) and that all the required documentation is attached to this declaration.

SIGNATURE