

PERFECT DELIVERY: BOWLS SOUTH AFRICA OPEN INTER-DISTRICT TOURNAMENT 2018 WOMEN'S TEAM ENTRY FORM

| | |
|-----------------|--|
| DISTRICT | |
|-----------------|--|

NAME OF MANAGER : _____

CONTACT NUMBER DURING TOURNAMENT _____

| TEAM A | Known Name and Surname | Age | Bowls SA No. |
|--------|------------------------|-----|--------------|
| Skip | | | |
| Third | | | |
| Second | | | |
| Lead | | | |

| TEAM B | Known Name and Surname | Age | Bowls SA No. |
|---------|------------------------|-----|--------------|
| Skip | | | |
| Third | | | |
| Second | | | |
| Lead | | | |
| Reserve | | | |

ALLERGIES, ILLNESS OR CHRONIC CONDITIONS OF PLAYERS

District Contact No.

District e-mail

Signed District Secretary

Date