

BOWLS SOUTH AFRICA

“B” INTER-DISTRICT TOURNAMENT 2016

MEN’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 _____