

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

DISTRICT	
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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