



Declaration Form: Bowls SA U/15 Nationals

(Player must have been born in/or after 2004)

District: _____

Team: A / B / C / D

Manager: _____

Tel No: _____ (During Tournament)

Position	BSA No	First Name	Surname	ID No* (Copy Attached)	Race*		No of Previous Tournaments
					W	GB	
Skip							
3 rd							
2 nd							
Lead							
Reserve							

* Note: Race – W = White, GB = Generic Black (includes African Black, Coloured, Indian), If person is not a SA Citizen provide date of birth and copy of birth certificate/relevant ID, First Name and Surname will be used for the Bowls SA Tournament Attendance Certificate, No of Previous Tournaments = Jnr National Tournaments excluding the 2019 Tournament

I (Team Manager) hereby declare that:

The information provided above is correct.

I have all the relevant documents (i.e. Parent/Guardian Consent Forms, Bowls SA SAIDS forms, copy of Parent/Guardian Medical Card) in my possession.

Signature: _____

Date: _____

(Only to be signed upon registration).