

2019 Veteran Inter District Championship

MEN'S TEAM DECLARATION FORM (Form A)

Completed form to be presented to the Tournament Committee at the Managers' Meeting

District Name	Manager* / Captain name*	Contact number (during Tournament)

	BSA Number	Surname, Initials	Known as
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I declare that the players listed above are eligible to represent the District and are using legal sets of bowls.

Date _____ Manager* / Captain* _____

* Delete where not applicable

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WOMEN'S TEAM DECLARATION FORM (Form A)

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