

BOWLS SOUTH AFRICA
“B” INTER-DISTRICT TOURNAMENT 2013
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

BOWLS SOUTH AFRICA

“B” INTER-DISTRICT TOURNAMENT 2013

MEN’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

BOWLS SOUTH AFRICA

SENIOR INTER-DISTRICT TOURNAMENT 2013

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

BOWLS SOUTH AFRICA

SENIOR INTER-DISTRICT TOURNAMENT 2013

MEN'S TEAM ENTRY FORM

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Skip			
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TEAM B	Known Name and Surname	Age	Bowls SA No.
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ALLERGIES, ILLNESS OR CHRONIC CONDITIONS OF PLAYERS

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Signed District Secretary

Date

BOWLS SOUTH AFRICA

OPEN INTER-DISTRICT TOURNAMENT 2013

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			
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Second			
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Reserve			

ALLERGIES, ILLNESS OR CHRONIC CONDITIONS OF PLAYERS

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BOWLS SOUTH AFRICA

OPEN INTER-DISTRICT TOURNAMENT 2013

MEN'S TEAM ENTRY FORM

DISTRICT	
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NAME OF MANAGER _____

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TEAM B	Known Name and Surname	Age	Bowls SA No.
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ALLERGIES, ILLNESS OR CHRONIC CONDITIONS OF PLAYERS

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Date _____