



2016/17 Postal Bowling League - Team Registration Forms

Club Name: _____

Team Name (one form per team) _____

Head Coach Contact Details

Name: _____

Email: _____

Phone: _____

Official Club Contact*

Name: _____

Email: _____

Phone: _____

*Please note all league communications will be with the Team Head Coach only. The Official Club Contact will be cc'd on all communications.

ATHLETE INFORMATION				
	PLAYER NAME	D.O.B	ID NUMBER	RAMP BOWLER (please tick)
1.				YES _____ NO _____
2.				YES _____ NO _____
3.				YES _____ NO _____
4.				YES _____ NO _____
5.				YES _____ NO _____
6.				YES _____ NO _____