



## 2017/18 Postal Bowling League - Team Registration Forms

Club Name: \_\_\_\_\_

Team Name (one form per team) \_\_\_\_\_

**Head Coach Contact Details**

**Official Club Contact\***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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 _____

Please ensure form is completed in full and returned to  
National Sports Campus, Snugborough Road, Blanchardstown, Dublin 15

or to [aoife.reilly@specialolympics.ie](mailto:aoife.reilly@specialolympics.ie)

**DEADLINE; 14<sup>th</sup> October 2017**