

LIMAVADY AND DISTRICT INDOOR BOWLING LEAGUE

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REGISTRATION FORM FOR NEW MEMBERS

NEW MEMBER REGISTRATION WILL ONLY BE ACCEPTED ON THIS FORM

Name of Club:

<u>NAME</u>	<u>STATE ZONE THE PLAYER IS AFFILIATED TO</u>
1
2
3
4
5
6
7
8
9
10

Signed:

Secretary

Date:

NB. THIS FORM MUST BE RETURNED TO LEAGUE SECRETARY, WHO WILL THEN INFORM YOU WHEN AND IF THE PLAYER CAN PLAY FOR YOUR CLUB.