

FORM A: REGISTRATION and COMPETITORS

ESSEX COUNTY WOMEN'S BOWLING ASSOCIATION

THE FOLLOWING PARTICULARS AND COMPETITION ENTRIES MUST BE IN THE COUNTY SECRETARY'S HAND BY **1ST NOVEMBER 2020**

YOU MUST INCLUDE AN E-MAIL CONTACT AND USE LEGIBLE BLOCK CAPITALS

NAME OF CLUB
YEAR AFFILIATED TO ECWBA: **NUMBER OF FEMALE MEMBERS:**

CLUB ADDRESS

 **POST CODE:**

CLUB TEL. NO.: **PLAYING SURFACE:** synthetic / grass

SECRETARY'S NAME:
ADDRESS:
 **POST CODE:**

TEL. NO.: **E-MAIL:**

MATCH SEC'S NAME:
ADDRESS:
 **POST CODE:**

TEL. NO.: **E-MAIL:**

DELEGATE'S NAME: **E-MAIL:**

LIST **ALL COMPETITORS** BELOW (LEGIBLE BLOCK CAPITALS and **ALPHABETICAL ORDER** please)

| SURNAME & INITIALS | TEL NO (inc area code) | | SURNAME & INITIALS | TEL NO (inc area code) |
|--------------------|------------------------|--|--------------------|------------------------|
| 1 | | | 16 | |
| 2 | | | 17 | |
| 3 | | | 18 | |
| 4 | | | 19 | |
| 5 | | | 20 | |
| 6 | | | 21 | |
| 7 | | | 22 | |
| 8 | | | 23 | |
| 9 | | | 24 | |
| 10 | | | 25 | |
| 11 | | | 26 | |
| 12 | | | 27 | |
| 13 | | | 28 | |
| 14 | | | 29 | |
| 15 | | | 30 | |

Please return this form to the County Secretary, Jill Polley