PLYMOUTH LIFE CENTRE INDOOR BOWLS CLUB

Organiser’s Name……………............Tel.…………

Name of Team ………….............………………….

EVENING LEAGUE

MY TEAM PLAYERS ARE AS FOLLOWS

*(There will be no annual fee)*

 1)......................………………………………………..

 2)…..............................................................................

 3)…………………………………………..................

 4)………………………………………….....................

 5)………………………………………….....................

 6)………………………………………….....................

 7)………………………………………….....................

 8)………………………………………….....................

 9)..................................................................................

 10)................................................................................

APPLICATIONS CLOSE ON 31 MAY 2019

Please forward this form to

Pat May, 10 Ramage Close, Earlswood, Plymouth, PL6 8SQ

Tel 01752 707504

or E-Mail patmay90@blueyonder.co.uk