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)………………………………………….....................

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

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

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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](mailto:patmay90@blueyonder.co.uk)