PLYMOUTH LIFE CENTRE INDOOR BOWLS CLUB

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

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

MEN’S TRIPLES LEAGUE

MY TEAM PLAYERS ARE AS FOLLOWS

(*(There will be NO annual fee)*

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

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

3)…………………………………………….................

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

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

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

APPLICATIONS CLOSE ON 31 MAY 2020

Please forward this form to

Pat May, 10 Ramage Close, Earlswood, Plymouth, PL6 8SQ Tel 01752 707504 or Mobile 07493433726

plus E-Mail [patmay90@blueyonder.co.uk](mailto:patmay90@blueyonder.co.uk)