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