

TEAM MEMBER REGISTRATION FORM

To register a new player into a league team.

I wish to register (print name) _____

Castle Complex Membership Number _____

Into my team (name of team) _____

which plays in the _____ league.

Has the player paid to be a member of the Spalding Indoor Bowls Club YES / NO

Signed by the Team Captain _____ Date _____

Number of league team previously registered with (if applicable) _____

PLEASE REMEMBER TO INCLUDE £1 PER PERSON REGISTRATION FEE

This will not be a valid registration & therefore not accepted without this.

Office use only

Committee members name _____ Date _____

Please remember to include the above player onto the team registration form in the relevant folder.