MID SHROPSHIRE BOWLING LEAGUE

CLUB…… **SEASON……..**

B.C.G.B.A NUMBER	FULL NAME (please print)	ADDRESS	TELEPHONE NUMBER	JUNIORS	
				*	DATE OF BIRTH

Please

i Print Clearly

ii. denote Juniors under 18 with * and insert date of birth

iii. Forward to Fixture secretary 48 hours prior to the first match in which players are to participate