**SOUTH COAST DISTRICT WOMEN’S BOWLING ASSOCIATION**

**ENTRY FORM FOR**

**2019 DISTRICT MINOR TRIPLES CHAMPIONSHIP**

**commencing on Monday, 23 September 2019**

**NAME OF CLUB** …………………………………………………………………

 **Name (as per card) ID Number**

|  |  |  |
| --- | --- | --- |
| **LEAD** |  |  |
| **SECOND** |  |  |
| **SKIP** |  |  |
| **LEAD** |  |  |
| **SECOND** |  |  |
| **SKIP** |  |  |

**Entries close with the District Secretary on 06 /09 /19**

ENTRY FEE $10.00per person:

ENCLOSED CHEQUE $………………… DIRECT DEPOSIT $...................

**Our Greens are available for this event** YES NO

**Number of greens on Day 1…… Day 2…… Day 3……. Day 4…….**

CLUB SECRETARY……………………………………………………..

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