SUFFOLK COUNTY BOWLS ASSOCIATION

Federation Indoor Competitions

Contact Name………………………………………………..

INDOOR CLUB IN EVENT OF HOME DRAW..……………………………….…………………………..

CLUB THROUGH WHICH AFFILIATED TO SCBA

(or if affiliated to EBF through another county, then that county) …………………………………….…

Address……………………………………………………………………….Post Code…………...….…...

E-Mail Address ……………………………………...………Telephone No…….………………………….

Signed ……………………………………...……………………….…Dated……………………………….

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Competition – Open Under 25’s

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Competition – Men’s Singles

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Competition – Men’s Pairs

Name 2nd Player……………………………………………Club affiliation…………………………………

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Competition – Mixed Pairs

Name 2nd Player……………………………………………Club affiliation…………………………………

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Competition – Men’s Triples

Name 2nd Player……………………………………………Club affiliation…………………………………

Name 3rd Player……………………………………….……Club affiliation…………………………………

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Competition – Mixed Triples

Name 2nd Player……………………………………………Club affiliation…………………………………

Name 3rd Player……………………………………….……Club affiliation…………………………………

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Competition – Senior Singles

To be **65** on 1st September (season in which competition played)

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Return the completed form by the 31st October to, Kim Dyer, 4 Short Road, Blundeston, Lowestoft, Suffolk, NR32 5AH, E-mail kimdavid@talktalk.net Tel. 01502 731610 or 07522 378245

Total fee enclosed @ £4-00 per player per entry £……………………………