

ISLE OF WIGHT INDOOR BOWLS CLUB

ENTRY FORM 2024 / 25

(complete in CAPITALS please)

Day of the Week: Day / Oz Prs / Eve

Existing team / New team* (*delete as applicable)

Previous team Captain: (if applicable)

1. Team Captain

First Name: Surname:

Telephone No / Mobile:

Email:

2. Vice Captain (for contact purposes)

Name: Tel:

OTHER TEAM MEMBERS - FULL names please Telephone No

3.

4.

5.

6.

7.

Please Note:

- i. **ALL players MUST be PAID UP FULL members before playing**
Captains will be expected to ensure the above
- ii. Players may only play for one team in the same league
- iii. Rink fees apply for each game

Signed: (Captain) **Date:**