



FAMAGUSTA BOWLING ASSOCIATION



TEAM REGISTRATION FORM

“FRIENDS BOWLING LEAGUE”

FOR BOWLING SEASON 2018-2019

TEAM NAME:

PLAYERS DETAILS:

A/A	PLAYERS FULL NAME	SPORTS I.D. NUMBER	PHONE NUMBER	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				

TEAM CAPTAIN'S SIGNATURE

.....

NAME:

APPROVED BY
F.B.A. PRESIDENT

.....

President signature and F.B.A. stamp

COLLECTED BY
(GAMES COMMISSIONER)

SIGN: _____

**TEAM
REGISTRATION FEE
€ 70.00**

Website: www.famagustabowlingclub.com
E-mail: info@famagustabowlingclub.com