



FAMAGUSTA BOWLING ASSOCIATION



TEAM REGISTRATION FORM “PREMIER 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
€ 80.00**

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