

MEMBERSHIP REGISTRATION FORM - (LIST NEW LEAGUE BOWLERS)

ZONE/DC ASSOCIATION: _____

BOWLING CENTRE: _____

LEAGUE NAME: _____

LEAGUE SECRETARY: _____

MEMBERSHIP CATEGORY											GENDER	
NO.	LAST NAME	FIRST NAME	C5 REGISTRATION # (Office Use Only)									
				TOURN. "T"	REGULAR "R"	SENIOR "S"	SOO/ BLIND "S"	YBC (Under 18) "S"	YBC GRAD.	DUP. "X"	M	F
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2												
3												
4												
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14												