

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"	REG. "R"	SR./SOO/BLIND		YBC GRAD.	DUP. "X"	M	F
						YBC (Under 18)	"S"				
1											
2											
3											
4											
5											
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15										