## BOWLS CORNWALL MEN’S MATCH APPLICATION FORM 2017

**Please return this form to the Men’s Match Secretary** Tom Reid 10 Penmere Court Falmouth TR11 2RN Phone Number **01326 316699** Mobile Number **07770631799** or **Email to:** **thomasreid152@btinternet.com**

My usual playing position is.....................................................................................................

My Parent Club is………………………...............................

First Name................................................. Surname..............................................................

Address....................................................................................................................................

...................................................................................................................................................................

Post Code.............................................. Telephone Number..................................................

Email Address……………………………………………………………......................................

I wish to be considered for selection for the Bowls Cornwall in the following matches

*(Please tick the Match / Matches for consideration)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 (M) | 2 | **3 (B)** | 4  | 5  | **6(B**) | 7 | 8 (M) | 9(M) | **10 (B)** |
| 11  | **12(B)** | 13 (M) | 14  | 15 (M) | 16 (M) | 17  | 18 (M) | **19(B)** | **20(B)** |