



ROLLERBOWL JUNIOR BOWLING CLUB

AGED FROM 8 TO 18 YEARS

FIRST NAME _____

LAST NAME _____

ADDRESS _____

POST CODE _____

TEL NO _____ MOBILE _____

EMERGENCY TEL NO _____

E MAIL ADDRESS _____

DATE OF BIRTH _____

DATE OF APPLICATION _____

Do you have any medical conditions that we should know about? If so please detail below

SIGNATURE OF PARENT/GARDIAN _____

Members are requested to be at the centre by 10:45 am. Bowling starts promptly at 11:00 am

Members will bowl 3 games then lunch then a further 3 games. Finish will be approximately 1:00 pm.

Please return form to
EILEEN MITCHELL
LEAGUE CO-ORDINATOR
9 BIRCH PLACE
CULLODEN
INVERNESS IV2 7LB

YOU MAY LEAVE THIS FORM AT BOWLING CONTROL OR POST TO THE ABOVE ADDRESS