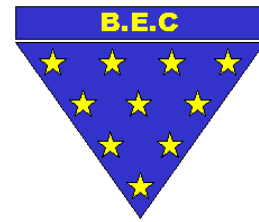


BOWLING EUROPEAN CORPORATIVE CHAMPIONSHIPS



ENTRY FORM (Please use BLOCK CAPITALS only)

COUNTRY

NAME OF COMPANY and TEAM NAME

BUSINESS ADDRESS

NAME, ADDRESS AND TELEPHONE
NUMBER OF THE PERSON
RESPONSIBLE FOR THE TEAM
(TEAM CAPTAIN OR TEAM MANAGER)

EMAIL ADDRESS:

FOUR PERSON TEAM EVENT		PREFERRED BOWLING SQUAD (A, B, C ETC):			Family?	Senior?
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female	NATIONAL BOWLING FEDERATION CARD NUMBER	Wife Child Husband	60+	
First Name / Prénom	Last Name / Nom de Famille	M/F		W/C/H	Y	
1						
2						
3						
4						
5 (RESERVE)						

LADIES DOUBLES TEAM EVENT		PREFERRED BOWLING SQUAD (A, B, C ETC):			Family?	Senior?
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female	NATIONAL BOWLING FEDERATION CARD NUMBER	Wife Child Husband	60+	
First Name / Prénom	Last Name / Nom de Famille	M/F		W/C/H	Y	
1		F				
2		F				
3 (RESERVE)		F				

MIXED DOUBLES TEAM EVENT		PREFERRED BOWLING SQUAD (A, B, C ETC):			Family?	Senior?
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female	NATIONAL BOWLING FEDERATION CARD NUMBER	Wife Child Husband	60+	
First Name / Prénom	Last Name / Nom de Famille	M/F		W/C/H	Y	
1						
2						

MENS DOUBLES TEAM EVENT		PREFERRED BOWLING SQUAD (A, B, C ETC):			Family?	Senior?
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female	NATIONAL BOWLING FEDERATION CARD NUMBER	Wife Child Husband	60+	
First Name / Prénom	Last Name / Nom de Famille	M/F		W/C/H	Y	
1		M				
2		M				

SECTION TO BE COMPLETED BY COUNTRY REPRESENTATIVE
FACTS SHOWN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE

Date

Country Representative

Signature

Name
Address

Important: Entry Form MUST be typewritten or it will be rejected by your Country Representative.