

NATAL INLAND BOWLING ASSOCIATION

DECLARATION FORM

NIBA Mixed Pairs

I certify that the players in my team are registered members of			I certify that the players in my team are registered			
			members of	Вс	Bowling Club	
	NAME	BSA NO.		NAME	BSA N	
SKIP			SKIP			
LEAD			LEAD			
RESERVE Man			RESERVE	Man		
Woman			Wo	man		
SIGNED:			SIGNED:			
SKIP				SKIP		
CONTACT NO			CONTACT NO.			

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