



Glenelg Bowling Club – Jack Attack Registration Form

Team Name: _____

If the nominated team member is not registered with Bowls Australia, please provide a Date of Birth, so that they can be registered. If unsure, please provide Date of Birth. All bowlers must be registered for insurance purposes.

Team Member 1 and Primary Contact

Name _____

Email address _____

Mobile number _____ - _____ - _____

Date of birth ____/____/____

Team Member 2

Name _____

Email address _____

Mobile number _____ - _____ - _____

Date of birth ____/____/____

Team Member 3

Name _____

Email address _____

Mobile number _____ - _____ - _____

Date of birth ____/____/____

Team Member 4 (Optional)

Name _____

Email address _____

Mobile number _____ - _____ - _____

Date of birth ____/____/____

Team Member 5 (Optional)

Name _____

Email address _____

Mobile number _____ - _____ - _____

Date of birth ____/____/____

Team Member 6 (Optional)

Name _____

Email address _____

Mobile number _____ - _____ - _____

Date of birth ____/____/____