

# BOWLING EUROPEAN CORPORATIVE CHAMPIONSHIPS



**ENTRY FORM** (Please use BLOCK CAPITALS only)

COUNTRY

NAME OF COMPANY (Team Name)

BUSINESS ADDRESS

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

FOUR PERSON TEAM EVENT		PREFERRED SQUAD
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		NATIONAL BOWLING FEDERATION CARD NUMBER
First Name / Prénom	Last Name / Nom de Famille	
1		
2		
3		
4		
5 (RESERVE)		

LADIES DOUBLES TEAM EVENT / MIXED DOUBLES TEAM EVENT		PREFERRED SQUAD
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		NATIONAL BOWLING FEDERATION CARD NUMBER
First Name / Prénom	Last Name / Nom de Famille	
1		
2		
3 (RESERVE - <i>Ladies Doubles Only</i> )		

I CERTIFY THAT THE PLAYERS WHOSE NAMES ARE LISTED ABOVE HAVE BEEN EMPLOYED BY THIS COMPANY ON A FULL TIME BASIS FOR MORE THAN SIX MONTHS (PRIOR TO ASCENSION DAY)

Signature of the Company Director, Company Secretary or Personnel Officer

Company Stamp

FACTS SHOWN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE

Date

Country Representative  
Name  
Address