

## NEW MEMBERS LIST (New League Members Only)

ZONE/DC ASSOCIATION: \_\_\_\_\_

BOWLING CENTRE: \_\_\_\_\_

LEAGUE NAME: \_\_\_\_\_

LEAGUE SECRETARY: \_\_\_\_\_

NO.	LAST NAME	FIRST NAME	C5 REGISTRATION # <i>(Office Use Only)</i>	TOURN. "T"	REGULAR "R"	SENIOR "S"	SOO/ BLIND "S"	YBC (Under 18) "S"	YBC GRAD.	DUP. "X"	GENDER	
											M	F
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

**Please note:** This form must be scanned and sent to [incentive@o5pba.ca](mailto:incentive@o5pba.ca) with the other corresponding forms related to this League