

Etherow Indoor Bowling Centre

Etherow Centre, Market Street, Broadbottom, Hyde, SK14 6AX

Bowling League Application Form

To play in the leagues, this form must be completed and returned in person at the centre or by email to contact@etherow-ibc.co.uk.

Once received, your application will be reviewed, and you will be contacted and given details of the application outcome. Whilst we will do our best to accommodate your team in the preferred league(s), this might not always be possible. Where we are unable to accommodate your preferred league choices, we will discuss other options with you to try and find an alternative that will work for you and your team.

SECTION A: CAPTAIN'S DETAILS			
First Name		Surname	
Membership No:*	* Leave blank if not yet issued		
Address			
	Postcode		
Telephone Number		Mobile Number	
Email Address			

SECTION B: TEAM DETAILS			
Teams may have 2 reserves listed.			
Team Name			
Player 1		Player 2	
Player 3		Player 4	
Player 5		Player 6	

SECTION C: Preferred League(s)					
Please mark all leagues you would like to apply to play in.					
Monday Day	<input type="checkbox"/>	Thursday Day	<input type="checkbox"/>	Friday Pairs	<input type="checkbox"/>
Wednesday Day	<input type="checkbox"/>	Thursday Night	<input type="checkbox"/>		

SECTION D: DECLARATION			
I agree to:			
1. Ensure membership fees for all team members have been paid prior to the first league match.			
2. Ensure all team members have a valid full membership or ensure membership forms have been returned before the third team league match commences.			
3. Ensure my team and I are aware of, and follow, all current rules and guidelines for use of the centre facilities.			
Signature			
Print Name		Date	