WEST COAST
ROLBAL / BOWLS

Verw. / Ref.: 2017AJV'03

Klub / Club: _____

ALLE KORRESPONDENSIE WORD NA DIE KLUB ADRES GESTUUR
ALL CORRESPONDENCE WILL BE SENT TO THE CLUB ADDRESS

Adres / Address: _____

_____ Kode /Code: _____

Tel. <u>in klubhuis</u> / Tel. <u>in club house</u>: _____ - _____

Faks./ Fax. : _____ - _____ **E-pos/E-mail**: _____

GEBRUIK ASSEBLIEF NOEMNAME
PLEASE USE FIRST NAMES

President: _____
Tel.: _____ - _____ (h) _____ (w)

Sekretaris / Secretary: _____
Tel.: _____ - _____ (h) _____ (w)

Wedstrydsekretaris:
Match Secretary: _____
Tel.: _____ - _____ (h) _____ (w)

Ontwikkelingsbeampte:
Development Officer: _____
Tel.: _____ - _____ (h) _____ (w)

Databasis Administrateur:
Database Administrator: _____
Tel.: _____ - _____ (h) _____ (w)

Klubsekretaris:
Club Secretary: _____ Datum / Date: _____

SLUITINGSDATUM / CLOSING DATE: 25 APRIL 2017