



WEST SUSSEX COUNTY SHORT MAT BOWLS ASSOCIATION CLUB TEAM REGISTRATION DOCUMENT

WINTER SEASON 01-SEP-2019 to 15-APR-2020

APPLICATIONS MUST BE RETURNED TO THE LEAGUE & KO CUP SEC. BEFORE THE END OF APRIL.



ALL SHORT MAT BOWLS CLUBS WISHING TO PARTICIPATE IN THE WEST SUSSEX COUNTY COMPETITIONS FOR THE COMING SEASON MUST COMPLETE THIS APPLICATION FORM TO REGISTER THEIR CLUB WITH THE W.S.C.S.M.B.A.

CLUBS ARE REQUIRED TO APPOINT OFFICIALS WHO HAVE THE SKILLS TO ADMINISTER THIS AND OTHER DOCUMENTS ON THE CLUBS BEHALF AND ARE REQUIRED TO HAVE AN EMAIL ADDRESS.

THIS FORM IS SENT BY THE COUNTY LEAGUE & KO CUP SECRETARY TO MATCH SECRETARIES CURRENTLY REGISTERED WITH THE COUNTY. ANY CLUB NOT RECEIVING THIS DOCUMENT BY MID APRIL SHOULD CONTACT THE COUNTY LEAGUE & KO CUP SECRETARY.

PLEASE COMPLETE THIS FORM IN FULL AND SEND IT TO THE LEAGUE & OK CUP SECRETARY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

(Please complete the Form in Capitals)

NAME OF CLUB: _____	SMBC
POSTAL ADDRESS: _____	
(Chairperson or Secretary)	
CLUB SECRETARY: _____	PHONE No: _____
EMAIL ADDRESS: _____	
MATCH SECRETARY: _____	PHONE No: _____
EMAIL ADDRESS: _____	
THE MATCH SECRETARY IS REQUIRED TO ADMINISTER FIXTURE AND RESULT FORMS ON BEHALF OF THE CLUB AND TO NOMINATE A PERSON IN THEIR ABSENCE.	

OUR MATCH VENUE IS THE SAME AS LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> OR
ADDRESS: _____
TOWN: _____ COUNTY: _____
POSTCODE: _____

LEAGUE AND CUP TEAM DETAILS:

CLUBS ARE REMINDED THAT ALL GAMES MUST BE PLAYED AND MATCHES CANNOT BE CONCEDED.
IN A CUP MATCH YOUR TEAM MAY BE DRAWN AGAINST A TEAM FROM ANYWHERE WITHIN THE COUNTY
THAT MAY INVOLVE CONSIDERABLE TRAVELING.

WE WISH TO ENTER THE FOLLOWING TEAM(S) FOR THE COMING SEASONS COMPETITIONS:

PLEASE NOTE; ALL TEAM NAMES MUST BE UNIQUE ACROSS COMPETITIONS.			
LEAGUE TEAMS:	£6.00 PER TEAM.	TOTAL LEAGUE TEAMS: <input style="width: 50px;" type="text"/>	TOTAL AMOUNT: £ <input style="width: 50px;" type="text"/>
TEAM A: _____		TEAM B: _____	
TEAM C: _____		TEAM D: _____	
CUP TEAMS:	£6.00 PER TEAM.	TOTAL CUP TEAMS: <input style="width: 50px;" type="text"/>	TOTAL AMOUNT: £ <input style="width: 50px;" type="text"/>
TEAM A: _____		TEAM B: _____	
TEAM C: _____		TEAM D: _____	
			CHEQUE AMOUNT: £ <input style="width: 50px;" type="text"/>

APPLICATION MADE BY: _____ CLUB TITLE: _____

ON BEHALF OF CLUB NAME: _____

TO COMPLETE YOUR APPLICATION ENCLOSE A CHEQUE MADE PAYABLE TO: W.S.C.S.M.B.A. FOR THE AMOUNT YOU HAVE CALCULATED ABOVE AND SEND IT TO THE ADDRESS BELOW BEFORE THE END OF APRIL.

John Henderson, Hazeldean Farm, Brighton Road, Warninglid, West Sussex. RH17 5SY.

(Contact: Email address: jjohnhenderson1414@gmail.com or Phone: 07732984545)