





PLAYER REGISTRATION FORM – MUSGRAVE HILL BOWLS CLUB – SUNDAY 25 MAY 2025

Team Name:			
Team Members			
Name	Email		Contact No.
1.			
2.			
3.			
4.			
Main Contact:			
Address:		Post Code:	
Registration Fee (\$40.00 per player): Donation: Total Amount:	\$	(\$	160.00 per team)
PAYMENT OPTIONS			
DIRECT DEBIT	OR	CREDIT CARD	
Acct Name: Rotary Club of Broadwater Southport		Credit Card Type: Visa Mastercard	
BSB : 014701		Card #	
Acct #: 493537841		Name:	CVC
Please quote name of Team or Main Contac	t	Signature:	Expiry:/
Please email the completed Registration Fo your payment details to either of the follow cmyers@smh.net.au (0417-620-516)			

Entries will close when 42 teams are registered

<u>dreynolds2601@gmail.com</u> (0410-591-140)