** STOUFFVILLE LAWN BOWLING CLUB (SLBC)**

 **2024 REGISTRATION**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home)( Cell)**

 please note which.

 **E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required for OLBA registration and insurance coverage)**

**Female ( ) Male ( ) Non Binary ( )** please note which

**Years of lawn bowling experience?** \_\_\_\_\_\_\_\_\_ Do you consent to having your photograph used for publicity purposes. □ Yes □ No

 **EMERGENCY CONTACT INFORMATION**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **First Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you:\_\_\_\_\_\_\_\_\_\_\_**

 WIFE/HUSBAND/DAUGHTER/SON/BROTHER/SISTER /PARTNER

**NOTE; SLBC Harassment Policy is posted on club bulletin board**

 **THIS YEAR CLUB BOWLS WILL BE AVAILABLE FOR MEMBERS (PRIORITY TO NEW BOWLERS) ON A FIRST COME BASIS AT NO CHARGE.**

**Paid: Club Fee Amount: $\_\_\_\_\_\_\_\_\_\_\_**  returning $140, new $120 ,junior $50, social $20

**□ Cash □ Cheque #: \_\_\_\_\_\_**

**OLBA Permanent Membership Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SLBC USE)