

STOUFFVILLE LAWN BOWLING CLUB (SLBC)

2025 REGISTRATION

Last Name:	First Name:	
Address:	<u>Town</u>	
Postal Code:	Telephone:	(Home)(Cell)
		please note which.
E-mail address:		
Date of Birth	(required for OLBA reg	istration and insurance coverage)
Female () Male () N	on Binary () please note which	
Years of lawn bowling ex	perience?	
Do you consent to having	your photograph used for pub	olicity purposes. Yes No
EMERGENO	CY CONTACT INFORMATIO	N
Last Name: First Name:		
Address:		vn
Postal Code: Telephone:		
E-mail address:	Relation	onship to you:
	WIFE/HU	SBAND/DAUGHTER/SON/BROTHER/SISTER /PARTNER
NOTE; SLBC Harassment P	olicy is posted on club bulletin b	oard
THIS YEAR CLUB BOWLS ON A FIRST COME BASIS A		BERS (PRIORITY TO NEW BOWLERS)
Paid: Club Fee Amount:	\$returning \$140, new \$	120 ,junior \$50, social \$20
☐ Cash □ Cheque #:		