

**ISLE OF WIGHT COMMUNITY CLUB.  
OUTDOOR BOWLS SECTION**

I.W. Community Club.  
Park Road,  
Cowes,  
Isle of Wight.  
PO31 7NP.  
01983 292238.

Hon Secretary.  
Derek Stevens.  
8, Minerva Road,  
East Cowes,  
Isle of Wight.  
01983 298596.

**APPLICATION FORM.**

I WISH TO APPLY TO BECOME A \* MEMBER/COLT MEMBER OF THE OUTDOOR BOWLS SECTION.

SURNAME: (Mr, Mrs or Miss) \_\_\_\_\_

CHRISTIAN NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

POST CODE. \_\_\_\_\_ Colt membership only: D.O.B. \_\_\_\_\_

Proposed by: \_\_\_\_\_ Bowls Section Member.

Seconded by: \_\_\_\_\_ Bowls Section Member.

I AM A MEMBER OF THE ISLE OF WIGHT COMMUNITY CLUB.

If YES please enter Community Club membership No: I.W.C.C.No: \_\_\_\_\_

If NO please enter if you have applied for membership. \*YES/NO

COMMENTS IF APPLICABLE.

I am prepared to play in the I.W. LEAGUE. \*YES/NO

I am prepared to play in the I.W. AFTERNOON LEAGUE. \*YES/NO

I am prepared to play in the Sections Internal LEAGUE. \*YES/NO

Please enter all details in full, deleting\* as appropriate and return to Bowls Section Secretary.

All applications must be approved by the Bowls Section Committee.

Previous Bowls experience (Please give brief summary as applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of application. \_\_\_\_\_ Signed. \_\_\_\_\_

NOTE:- Colt Membership application only must be authorised and signed below by parent/guardian.

Date of application. \_\_\_\_\_ Signed: \_\_\_\_\_

**OFFICE USE ONLY:**

**Approved: YES/NO. Signed: \_\_\_\_\_ Date: \_\_\_\_\_**