

## Pickering Lawn Bowling Club Members Registration Card

YR JOINED: \_\_\_\_\_

DATE OF BIRTH

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

YR: \_\_ MTH: \_\_ DAY: \_\_

ADDRESS \_\_\_\_\_ APT #: \_\_\_\_\_

PLAYER: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SOCIAL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OLBA #	YEARS BOWLED	TUITION REQ'D YES                      NO	PLAYED IN TOURNAMENTS? YES                      NO
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**HEALTH QUESTIONNAIRE: PLEASE COMPLETE THE INFORMATION ON THE BACK.**

YEAR							
PAID/DATE							
CHQ No & \$ amt							
CASH & \$ amt							
RECIPT #							
OLBA TAG							

**Hobbies, Interests, Professional Skills:**

**Willing to assist club? In what capacity?**

**HEALTH STATUS (IT IS IMPORTANT TO PROVIDE THIS INFORMATION)**

**Such as; Heart Problems, Diabetes.**

**Medication:**

**OTHER:**

**Hospital Preference (if possible):**

<b>YEAR</b>							
<b>PAID/DATE</b>							
<b>CHQ NO &amp; \$ amt</b>							
<b>CASH &amp; \$ amt</b>							
<b>RECIEPT #</b>							
<b>OLBA TAG</b>							