

British Crown Green Bowling Association Club Registration Summary 2023



Name of County of Pri	mary Affiliation					
Club Name:				Club Membership Number:		
Address of Venue/Green:					1	
Venue Post Code:						
Club Telephone:						
Club Email:						
Clab Email.						
Secretary's Name:						
Address:						
Post Code:						
Telephone:						
*Email:						
* This does not need to be the secretary, it	may be a club member prepared	to act as the electronic p	ost box for con	nmunication		
Safeguarding Officer's Name:						
DBS Certificate Number:				Dated:		
	Secondary County Affiliation	ons		County I	Membership Nur	nber
Other 1						
Other 2						
Other 3						
	League & Association Affiliations			BCGBA Membership Number		
League or Association 1						
League or Association 2						
League or Association 3						
League or Association 4						
League or Association 5						
League or Association 6						
Insurance Details- Public Liability:	Dollar Beforence No		Daviada	of Caucar		
Issuer of Policy	Policy Reference No		Period o			
				to		
This file, including both worksheet	s, to be completed by each (Club and forwarded,	preferably	electronically	•	
to the County Secretary as soon as			-	•		
Data Consent: The information giv				-		
with the BCGBA Membership datal	•	-	-		-	
BCGBA, County Associations, Affilia running of the sport.	ateu boules, Leagues and CII	นมร. 11115 11110FMat10	ıı ıs required	to enable the	5 311100111	
Personal information will not be shared with any outside organisation.				No. of		
. c.sonar imormation will not be si	iaica with any outside organ	madion.		Members	- see Members she	et -
			_			
Signature of the Person Completing the Form:				Date Completed:		
Please Print Name:						
			•			