

British Crown Green Bowling Association Club Registration Summary 2024



Name of County of	Primary Affiliation						
Club Name:				Club Membership Number:			
Club Name:				Club IVI	l libership Numi	Jei.	
/-							
Address of Venue/Green:							
Venue Post Code:							
Club Telephone:							
Club Email:							
Secretary's Name:							
Address:							
Address:							
Dark Carles							
Post Code:							
Telephone:							
*Email:							
* This does not need to be the secretar	ry, it may be a club member prepared	I to act as the electronic p	post box for com	nmunication			
Safeguarding Officer's Name:							
DBS Certificate Numb	er:			Dated:			
			1				
0.1 4	Secondary County Affiliati	ons		County	Membership Nun	nber	
Other 1							
Other 2							
Other 3							
	League & Association Affil	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 Liabilit	•	1	D1 1 1	Causer			
Issuer of Policy	Policy Reference No		Period of				
				to			
This file, including both worksh	eets to be completed by each	Club and forwarded	l nreferably	electronically	u.		
to the County Secretary as soon			-		,,		
Data Consent: The information	=			-			
with the BCGBA Membership d			-		-		
BCGBA, County Associations, Af running of the sport.	miliated Bodies, Leagues and C	iups. Inis informatio	on is required	to enable th	ie smooth		
Personal information will not be	e shared with any outside are	anisation	li li	No. of			
i cissilai ililoi illation will flot bi	c shared with any outside orga	umation.		Members	- see Members she	et -	
Signature of the Person Completing the Form:			ļ l	Date Comple	ted:		
Please Print Name:			L				