

REGISTRATION FORM

2010 BLIND BOWLS ASSOCIATION OF CANADA NATIONAL CHAMPIONSHIPS

WINNIPEG, MB. JULY 20TH – JULY 27TH

Province _____

Bowler: Male____Female____

Director: Male____Female____

Family Name _____

Family Name _____

First Name _____

First Name _____

Event Classification (Please circle)

B1 B2 B3 B4

Guide Dog

Yes

No

Roommate's Name _____

Roommate's Name _____

ARRIVAL INFORMATION

Flight Carrier _____

Flight Carrier _____

Flight Number _____

Flight Number _____

Date/Time _____

Date/Time _____

DEPARTURE INFORMATION

Flight Carrier _____

Flight Carrier _____

Flight Number _____

Flight Number _____

Date/Time _____

Date/Time _____

IF YOU ARE ARRIVING/DEPARTING BY BUS – PLEASE INDICATE THE ARRIVAL AND DEPARTURE TIMES.

SPECIAL REQUIREMENTS (Diet, Health, etc.)