

CLOSING CLUB NOTIFICATION FORM

Date: _____

Club Name: _____

District Association: _____

Original Affiliation Date: _____

Address: _____

Suburb: _____ Postcode: _____

Club Phone Number: _____

Email Address: _____

Date of Club Closure: _____

How many members does the club have? _____

How many members will transfer to another club? _____

Have you sent a copy of Club history to WBNSW? _____

(If No, please forward through a copy to Women's Bowls NSW)

Reason for Club Closure: _____

CONTACT PERSON:

Name: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Office Use Only

Date Received: _____

Closing Date: _____

Notes:

Please complete all details and return to Women's Bowls NSW by either:

Email: operations@womensbowlsnsw.org

Post: Suite 8.01, Level 8, 289 King Street, Mascot NSW 2020