

Representative Squad Application Form

NAM	1E:
ADD	PHONE H:
	MOBILE:
EMA	AIL ADDRESS:
BOW	VLING CLUB:
NUM	IBER OF YEARS PLAYING:
If ap	plying for "1-5 Junior" what year did you start:(This will be checked with Club Records).
A.	HAVE YOU PREVIOUSLY PLAYED FOR BOP ? YES/NO IF YES – GO TO 'B'
	IF NO - LIST YOUR BOWLING ACHIEVEMENTS (LAST 5 YEARS):
	HAVE YOU PLAYED REPRESENTATIVE BOWLS FOR ANOTHER CENTRE? YES/NO
	IF YES – WHICH CENTRE:
В.	WHICH POSITION DO YOU THINK YOU WOULD BRING THE MOST VALUE TO A TEAM & WHY?
C.	WHAT ARE YOUR GOALS IN BOWLS, WHAT ATTRIBUTES and/or EXPERIENCE DO YOU THINK YOU CAN CONTRIBUTE TO THE SQUAD?
D.	IF YOU ARE NOT SELECTED IN THE SQUAD, WOULD YOU BE INTERESTED IN A MANAGEMENT OR COACHING ROLE? YES/NO PLEASE DETAIL:
Si	gned:
	Applications should be emailed to Centre Manager by 20th August 2023
Da	ate: <u>bowlsbop1@gmail.com</u>