Bol Chumann na hÉireann

Club Player Affiliation Form 20___

	Region		
Club	Secretary	Address	Telephone

SENIOR MEN

First Name	Surname	Address	Telephone	Grade	A, B	Ref.

SENIOR LADIES

First Name	Surname	Address	Telephone	Grade	A, B	Ref.

INTERMEDIATE MEN

First Name	Surname	Address	Telephone	Grade	A, B	Ref.

INTERMEDIATE LADIES

First Name	Surname	Address	Telephone	Grade	A, B	Ref.

JUNIOR MEN

First Name	Surname	Address	Telephone	Grade	A, B, C	Ref.

JUNIOR LADIES

First Name	Surname	Address	Telephone	Grade	A, B	Ref.

NOVICE MEN

NOVICE PLAYERS (SEE NOTES ON END OF SECTION)

First Name	Surname	Address	Telephone	A, B,C, D, E	Age Grade	Ref.

VETERAN OVER-50

First Name	Surname	Address	Telephone	Date of Birth		Ref.

VETERAN OVER-60

First Name	Surname	Address	Telephone	Date of Birth		Ref.

JUVENILE BOYS

First Name	Surname	Address	Telephone	School	Under 18 / 16 / 14 / 12	Date of Birth

JUVENILE GIRLS

First Name	Surname	Address	Telephone	School	Under 18 / 16 / 14 / 12	Date of Birth