	21 REGISTRATION
	e complete this form and email to:
	rybowls@bowlsscotland.com
CLUB INFORMATION:	
Club Name and Number*:	
Phone Number*:	
Email*:	
Local Authority Area*:	
ABOUT YOUR TRY BOWLS EVENT:	
Do you know when your e	
If you answered 'yes' above	, please let us know the date and time of your event:
Date:	
Time:	OR - Do not know the exact date: •
What will you offer people that attend your Try Bowls event? Tick all that apply*:	
Free Membership	Discounted Membership
 Coaching Sessions Other If 'Other' please let us know what you will be offering: 	
	v what you will be oner ing.
TARGET AUDIEN	
Tell us the target audience for your event*:	
Please tell us any other information you feel is relevant to your event:	
	RED FROM BOWLS SCOTLAND: table promotional templates will be sent to you following registration.
What support do you require, please tick all that apply*:	
 National Development Officer Support Intro to Bowls Coaching Award 	
• Other	
If Other please let us know	w what you would find useful: