

CLUB CONFIRMATION FORM (a)



Please complete this form and send to Bowls NZ as soon as your MIB plan approved by your club executive:

FAX: (09) 579 6935

EMAIL: info@bowlsnz.co.nz

YES our club wishes to participate in the Mates In Bowls (MIB) Program

CLUB

Club Name: _____

Club's Postal Address: _____

Club's Physical Address: _____

Club's Phone Number: (0): _____

Club's Email: _____ Website: _____

MIB LEADER

Name of MIB Leader

(s): _____

First Name

Surname

MIB Leader's

Email: _____

MIB Leader's Phone: _____ Mobile: _____

Name of MIB Leader

(s): _____

First Name

Surname

MIB Leader's

Email: _____

MIB Leader's Phone: _____ Mobile: _____

COMMUNITY DEVELOPMENT OFFICER: _____

Name & Signature

OUR CLUB'S MIB OFFER FORM (b)



Please complete this form (circle answers) and send to Bowls NZ as soon as your MIB plan is approved by your club executive. These details will be used for the MIB website.

FAX: (09) 579 6935 EMAIL: info@bowlsnz.co.nz

Club Name: _____

Name of MIB Leader

(s): _____

First Name

Surname

Club's Physical Address? Number, street, suburb, town/city			
Game Format? Suggest 2 bowls triples – less equipment required	Fours	Triples	2 Bowls Triples
Number of Players per Team	4 Other.....	3 Other.....	
MIB Competition Day (s) Suggest Tuesday, Wednesday, Monday or Thursday	Monday	Tuesday	Wednesday
	Thursday	Friday	Other.....
Playing Fee PER MIB Player Include \$1.50 per night per player player marketing contribution	\$..... PER PLAYER/PER NIGHT		
Coaching Available? Suggest coaching be made available	YES		NO
Coaching Start Time? Suggest ½ hour before playing time start	From pm topm		
Playing Start & Finish Times? Allow for enough time for people to travel from work/home	START from pm		
	FINISH atpm		

<p>Length of competition? Suggest 4 or 6 weeks</p>	<p>4 weeks 6 weeks Other</p>
<p>Number of competitions to be held over the summer months</p>	<p>1 2 3 Other:.....</p>
<p>Start & Finish Dates for each MIB competition</p>	<p>Competition 1 Start Date: _____/_____/_____ Finish Date: _____/_____/_____ Competition 2 Start Date: _____/_____/_____ Finish Date: _____/_____/_____</p>
<p>Contact details for person to contact if you want to play?</p>	<p>Name: Phone: Mobile: Email:</p>
<p>Playing fee will be collected on the night (every week) OR up-front?</p>	<p>On the night Upfront</p>
<p>COURIER DELIVERY ADDRESS FOR SIGNAGE, MARKETING MATERIAL ETC. MUST BE A PHYSICAL LOCATION</p>	