

2020 PERSONAL TRUST ALL CAPE TOURNAMENT

LADIES TEAM DECLARATION FORM

Completed form to be presented to the Tournament Official at Registration or at First Playing Venue

District	Club	Section	Skip's First Name & Surname	Contact number (during Tournament)
WPB	Mowbray	2	Taz Bright	074 118 2753

	BSA Number	First Name & Surname (Not just initials)	Known as
1	53296	Taryn Bright	Taz
2	40955	Jene McCourt	Jene
3	60340	Òtilia Fernandes-du Rand	Tilly
4	66950	Cathy Hoskins	Cathy
5 Reserve			
6 Reserve			

I declare that the players listed above are eligible to represent the Club in the Tournament

Date : **29 March 2019** _____

SIGNATURE OF SKIP : _____