

**NEW ZEALAND INDOOR BOWLS INC
NOMINATION FORM**

NORTH ISLAND AND SOUTH ISLAND ACADEMY TEAM

NORTHERN AND SOUTHERN ZONE MASTER TEAM

**Cross out the North or South not required and
indicate in the box - Academy or Masters (X)**

Closing date Friday 10 May 2019

DISTRICT: _____

1 SURNAME: _____ FIRST NAME _____

ADDRESS: _____

TELEPHONE: _____ Email _____

2. PREFERRED EVENT AND POSITION:
List up to three:

3. REPRESENTATIVE RECORD FOR 2017 and 2018
District events and higher
