



Youth Application Windsor Lawn Bowling Club

2 Memorial Drive
Windsor, ON N8X 5C8
(519) 253-7860
www.wlbc.ca

PLEASE COMPLETE ONE APPLICATION PER PERSON

Name: _____ Age: ____ Sex: M F

D.O.B. _____ T-Shirt Size: Youth S M L XL

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Type of Membership: Youth \$50.00

PLEASE MAKE CHEQUES PAYABLE TO: WINDSOR LAWN BOWLING CLUB
ETRANSFERS TO BE MADE TO: treasurer@wlbc.ca

I am interested in becoming a member of the Windsor Lawn Bowling Club. I declare that the information on this form is true and correct and that I have read and will abide by all rules and policies of the Windsor Lawn Bowling Club and the Ontario Lawn Bowling Association.

Do you consent to having your photo being used for social media purposes? YES NO

I have read and understand the WLBC Code of Conduct and Ethics Policy. YES

Signature of Applicant

Date

Signature of Parent/Guardian

Date