



Royal NSW Bowling Association Championship Result Form

At the conclusion of your Championship please complete this form and return it to:
Royal NSW Bowling Association, PO Box A2186, Sydney South 1235, Fax 02 9283 4252

Zone: Select Zone District: _____

Year / Event: _____

Total Number of Entries: _____ Prize Money (if any). \$ _____

District ☐

Zone ☐

State ("Open") ☐

Senior (60 & Over) ☐

Junior (under 18) ☐

State President's Reserve ☐

Champion of Club Champions ☐

Singles ☐

Pairs ☐

Triples ☐

Fours ☐

Equal Thirds

Surname	First Name	RNSWBA Reg. No	Club

Runners Up

Surname	First Name	RNSWBA Reg. No	Club

Winners

Surname	First Name	RNSWBA Reg. No	Club

Signature _____ Date ____ / ____ / ____

Position _____

Name _____