

**Email Address:** 

## 2025 Bowls QLD SECONDARY SCHOOL CUP Club Intra-School Results Form

Name Of Club:						
Contact Phone Number:						
Name Of Club Coordinator:						
Contact Phone Number:						
PARTCIPATING SCHOOLS DETAILS						
Name Of School					Number Of Teams	Total Participants
Address:						
Phone Number:						
Name Of Principal:						
Names Of Winning Team:				Please indicate which player is a non-bowler		
D.O.B	M	F	Lead:			
D.O.B	M	F	Skip:			
Manager:						
Address:						
Phone Number:						

• Club Intra-School Results. This form is to be sent to admin@bowlsqld.org