

**SELF NOMINATION FORM FOR THE INDOOR INTER-REGION CHALLENGE**

**VENUE - GEDLING IBC, NOTTINGHAM.**

**Saturday 6TH APRIL 2019.**

**I wish to put my name forward to be considered for selection for the above event.**

**NAME -**

**EMAIL -**

**TEL -**

**TICK WHICH AREA YOU WISH TO REPRESENT.**

**□ NORTH**

**□ EAST**

**□ SOUTH**

**□ WEST**

**THIS WILL BE AN ALL DAY EVENT.**

**WHAT IS YOUR PREFERRED PLAYING POSITION?**

**CLASSIFICATION IF YOU HAVE ONE -**

**THE DEADLINE FOR REPLIES IS 15th MARCH 2019. AFTER THIS DATE THE TEAMS WILL BE SELECTED AND PLAYERS WILL BE INFORMED.**

**EMAIL YOUR REPLY TO;**

**MARGARET SMITH -** [info@disabilitybowlsengland.org.uk](mailto:info@disabilitybowlsengland.org.uk)

**Or post to; MARGARET SMITH, Disability Bowls England, Foxhill Road, Carlton, Nottingham, NG4 1RL.**