

Flathead Valley Bridge Center – Player Information Form				
Name	Date:			
Address				
ACBL #	MP's			
Phone		Birthday Month		
Email				
Membership	<b>New</b>		<b>Visitor</b>	<b>Paid: Yes No</b>
Entered	<b>Acbldscore</b>	<b>Website</b>	<b>Phone List</b>	<b>Check/Cash</b>
Emergency Contact - Name/phone number -				

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Entered	<b>Acbldscor</b>	<b>Website</b>	<b>Phone List</b>	<b>Check/Cash</b>
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