

## New Partnership Request Form

Name: ..... ABF No: .....

For which session(s) would you like a partner? Please circle your answer(s)

Any/All

Monday Day                      Blue Side                      Red Side

Monday Night

Tuesday Day                      Tuesday Night

Wednesday Day                      Blue Side                      Red Side

Wednesday Night

Thursday Day                      Blue Side                      Butler Side

Thursday Night

Friday Day                      Friday Night

Saturday Day

**Contact Details:**

Email: .....

Ph: .....

Preferred method – email or phone (Please circle your answer)

What Standard is your bridge? (Please put a X in the appropriate box)

Starters		Club Players		Tournament Players	

Starters:                      Beginners and those who play in supervised play

Club players:                      Those who play in the general club duplicate sessions

Tournament Players:                      Those who play in ABF events such as the Summer Festival or in the club and BFACT championship nights – Tuesday and Thursday

Please return the completed form to the CBC Managers Office.