

BOWL FOR KIDS' SAKE TEAM ENTRY FORM

For Office Use Only
Team #: _____
Time: _____

IMPORTANT!!

You must turn in this completed form before scheduling a bowling time.

RETURN THE COMPLETED FORM TO BIG BROTHERS BIG SISTERS OFFICE BY

FAX: (270) 821-5713

EMAIL: administration@madisonvillebbbs.org

MAIL: PO BOX 305, Madisonville, KY 42431

Team Name: _____

Representing (Company, Organization, Family, etc.): _____

| | | | |
|---|--------------------|----------------|---------------|
| 1 | Team Captain Name: | | |
| | Address: | | T-Shirt Size: |
| | City: | State: | Zip: |
| | Daytime Phone #: | Email address: | |

| | | | |
|---|------------------|----------------|---------------|
| 2 | Bowler Name: | | |
| | Address: | | T-Shirt Size: |
| | City: | State: | Zip: |
| | Daytime Phone #: | Email address: | |

| | | | |
|---|------------------|----------------|---------------|
| 3 | Bowler Name: | | |
| | Address: | | T-Shirt Size: |
| | City: | State: | Zip: |
| | Daytime Phone #: | Email address: | |

| | | | |
|---|------------------|----------------|---------------|
| 4 | Bowler Name: | | |
| | Address: | | T-Shirt Size: |
| | City: | State: | Zip: |
| | Daytime Phone #: | Email address: | |

| | | | |
|---|------------------|----------------|---------------|
| 5 | Bowler Name: | | |
| | Address: | | T-Shirt Size: |
| | City: | State: | Zip: |
| | Daytime Phone #: | Email address: | |

| | | | |
|---|------------------|----------------|---------------|
| 6 | Bowler Name: | | |
| | Address: | | T-Shirt Size: |
| | City: | State: | Zip: |
| | Daytime Phone #: | Email address: | |

Some businesses with several participating teams have found it helpful to designate a staff person to serve as coordinator for all of their teams.