



**JV BOWLERS**

List ALL Student's Names

Grade M/F

School Name

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**Home School Residency or On-Line High School**

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Applicant \_\_\_\_\_ M/F (Circle one)

City \_\_\_\_\_ Zip \_\_\_\_\_

E- mail address of Applicant \_\_\_\_\_

High School which you would attend based on residency requirements: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Coach's Signature \_\_\_\_\_

*(By signing this document I have verified that student resides within the named High School boundaries.)*

-----DO NOT WRITE HERE-----

**Official Action of the BCAW High School Bowling Club Committee**

The above request from a cooperative HS Bowling Team has here by been  
**Denied/Granted** for the 2016/17 High School Bowling season.

Date Received \_\_\_\_\_

Date Approved/Denied \_\_\_\_\_

**All APPLICATIONS FOR COOPERTIVE BOWLING TEAMS/HOME SCHOOLED must be sent to:**

**BCAW High School Bowling Club Committee  
Attn: Bob Maki  
21140 W. Capitol Drive, Suite 5  
Pewaukee, WI 53072**

**Email: [bob.maki@bowlwi.com](mailto:bob.maki@bowlwi.com)**