District State SINGLES Roster

Form due to BCAW, 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072 by February 18

District #		**District Coordinator Name**	
District Coordinator Cell		District Coordinator Email	

PLEASE PRINT LEGIBLY **Bowler Name**	✓ **Gender**	**Grade**	**Grad. Year**	**USBC #**	**School Attending**	**Singles Coach***
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*only one coach per singles bowler at State

revised 1/18/17