State TEAM Roster

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

✓ One: ☐ Boys/Coed Team ☐ Girls Team

✓ One: ☐ Division 1 ☐ Division II

Team Name		**Team Coach Name**	
		Team Coach Email	
Team Center		Team Coach Cell	
Team Center City		**Team Coach Name**	
		Team Coach Email	
District #		Team Coach Cell	

[PLEASE PRINT LEGIBLY] List ALL bowlers on the team.

✓ Squad Assigned by District Coordinator: ☐ **Friday** 7 p.m. ☐ **Saturday** ☐ 9:30 a.m. ☐ 1:30 p.m.

Bowler Name	✓ **Gender**	**Grade**	**Grad. Year**	**USBC #**	**School Attending**
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				
	☐ Male ☐ Female				

Placed in District:

Team Highlights:

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revised 1/31/17