



# HIGH SCHOOL BOWLING CLUB

## Home School Residency or Online High School

Bowler Name: \_\_\_\_\_  Male  Female

Bowler Address, City, Zip: \_\_\_\_\_

Bowler Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Coach Name: \_\_\_\_\_ Home Bowling Center: \_\_\_\_\_

Coach Address, City, Zip: \_\_\_\_\_ District #: \_\_\_\_\_

Coach Email: \_\_\_\_\_ Coach Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Send to: BCAW, 21140 W. Capitol Drive, Suite 5, Pewaukee, WI 53072. Fax to 262-783-4590 or email [bob.maki@bowlwi.com](mailto:bob.maki@bowlwi.com).

### **BCAW High School Bowling Club Committee:**

Approved  Denied Date: \_\_\_\_\_