



MIDDLE SCHOOL BOWLING CLUB

Home School Residency or Online Middle School

Bowler Name: _____ Male Female

Bowler Address, City, Zip: _____

Bowler Email: _____ Phone: _____

Middle school which you would attend based on residency requirements: _____

Coach Name: _____ Home Bowling Center: _____

Coach Address, City, Zip: _____

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.

BCAW Middle School Bowling Club Committee:

Approved Denied Date: _____