



MIDDLE SCHOOL BOWLING CLUB

Team Information Sheet

To be filled out by your district coordinator and sent to BCAW at 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072 or email to bob.maki@bowlwi.com if your team qualifies for the state championships.

[PLEASE PRINT LEGIBLY and FILL OUT FORM COMPLETELY]

Boys/Co-ed Team

Girls Team

Team Name:

Coach Name:

Coach Address, City, Zip:

Coach Email:

Coach Phone:

List ALL Bowlers on Team

Bowler Name	M/F	Grade	School Attending
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
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_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
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