



MIDDLE SCHOOL BOWLING CLUB

2017-18 Team Co-op Application

CO-OP TEAM RULES:

- Teams from up to five different middle schools can apply for a co-op team. No team applying for a co-op can have students from their school on any other team or co-op, unless additional teams from the school are being formed. All students from the same school must bowl on the same co-op. Co-op students are eligible for state tournament team and singles events.
- All Schools must be in the same district when applying for a co-op.
- To bowl on a middle school team and be eligible to qualify for the Wisconsin Middle School Bowling Club State Championships all students must be in 6th, 7th or 8th grade.
- Any school with five or more students from the same school must form a team of at least five students from the same school and no more than ten students from the same school may be on the team. If a school has more than five students the school may co-op with students from another school(s) to form an additional team(s). The top five bowlers from the same school may not be on a co-op team. All teams would be eligible to compete in the state championships.
- List current average for all bowlers. If bowler doesn't have an average put NA.
- No school can cut or deny any student(s) a roster spot.
- Teams from the same district may combine and apply for co-ops for the sole purpose to form a separate girls and boys team.
- All co-op applications MUST be in BCAW's office two weeks prior to the start of your district's competition.
- The agreement for a co-op team is for one bowling season. No team will be grandfathered from year to year.
- Copies of team co-op applications must be sent to district coordinators for their review and input before BCAW approval.
- Co-op teams rules apply to all teams
- Co-op team names will include names of all schools/cities involved.

School(s) on the Middle School Bowling Team:

Bowling Center teams bowls at:

1. _____
2. _____
3. _____
4. _____
5. _____

Coach/Applicant Name:

Home Bowling Center:

Coach/Applicant Address, City, Zip:

Coach/Applicant Email:

Coach/Applicant Phone:

List ALL Bowlers on Team

Bowler Name	M/F	AVG	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	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

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: _____