



HIGH SCHOOL BOWLING CLUB

Home School Residency or Online High School

(NOTE: Team co-op form is no longer required)

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 patrick.brettingen@bowlwi.com.

BCAW High School Bowling Club Committee:

Approved Denied Date: _____