

BOWL FOR KIDS' SAKE

2012 Registration

Please register online at www.bbbssalina.org or
complete the form below.

Team Name: _____

Company/Organization: _____

Preferred Bowling Time (please circle):

10:00am 12:00pm 2:00pm 4:00pm 6:00pm 8:00pm 10:00pm

Bowler 1 *Team Captain*

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

T-shirt size (please circle): **Adult:** S M L XL XXL **Youth:** S M L

Bowler 2

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

T-shirt size (please circle): **Adult:** S M L XL XXL **Youth:** S M L

Bowler 3

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

T-shirt size (please circle): **Adult:** S M L XL XXL **Youth:** S M L

Bowler 4

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

T-shirt size (please circle): **Adult:** S M L XL XXL **Youth:** S M L

Bowler 5

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

T-shirt size (please circle): **Adult:** S M L XL XXL **Youth:** S M L

Bowler 6

First: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

T-shirt size (please circle): **Adult:** S M L XL XXL **Youth:** S M L

Return form to BBBS of Salina:

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Phone: 785-825-5509 Fax: 785-825-1092

Email: michellep@bbbssalina.org