



CRAZY BOWL TEAM REGISTRATION FORM 2009

COORDINATOR'S SECTION
(please fill out a form for each team)

Company _____ Coordinator _____

Team Captain's Section (Please fill out COMPLETELY)

Name of Bowler #1 **(Team Captain)** _____ Shirt size: _____

Mailing Address _____

City _____ Zip _____

Contact Phone (circle: hm or wk) _____ Fax: _____

Name of Bowler # 2 _____ Shirt size: _____

Mailing Address _____

City _____ Zip _____

Contact Phone (circle: hm or wk) _____ Fax: _____

Name of Bowler #3 _____ Shirt size: _____

Mailing Address _____

City _____ Zip _____

Contact Phone (circle: hm or wk) _____ Fax: _____

Name of Bowler # 4 _____ Shirt size: _____

Mailing Address _____

City _____ Zip _____

Contact Phone (circle: hm or wk) _____ Fax: _____

Name of Bowler # 5 _____ Shirt size: _____

Mailing Address _____

City _____ Zip _____

Contact Phone (circle: hm or wk) _____ Fax: _____

Friday September 25th ___ 2:30PM ___ 5:00PM ___ 7:30PM

Saturday September 26th ___ 12:00PM* ___ 2:30PM* *Kids 12 & under bowl for half price \$30

Please write a 1 or 2 to indicate 1st and 2nd choice. Time slots are given on a first come first serve basis.

Please fax or email registration form back ASAP to the Junior Achievement Offices

FAX: (916) 480-2773 email: natasha@ysb3designs.com

Each bowling session selected is on a first come, first served basis.