



2019-2020 CATHEDRAL MOTHERS CLUB BOWLING LEAGUE REGISTRATION FORM



Complete form and email to tracyindpls@gmail.com or mail to:

Tracy Sanders
11345 Hawthorn Ridge W
Fishers, IN 46037

Questions?

- Call **Tracy Sanders at 317.503.4611**
- Email **Tracy Sanders at tracyindpls@gmail.com**

NAME:

ADDRESS:

CITY & ZIP:

CELL PHONE #:

EMAIL:



Please indicate if you are registering as an Individual Player or as a Team.*

***Note: Four bowlers per team and you can have several substitute bowlers.**

☐ **Individual** ☐ **Team** (Indicate names and contact information below)

POSITION	NAME	EMAIL ADDRESS	CELL PHONE NUMBER
PLAYER 2			
PLAYER 3			
PLAYER 4			
SUBSTITUTE			
SUBSTITUTE			
SUBSTITUTE			

Please tell us a little bit about your Cathedral student(s):

Freshman (M/F) **Sophomore (M/F)** **Junior (M/F)** **Senior (M/F)** **Graduate Year(s)** _____

Student school activities: _____
