

TEAM REGISTRATION FORM

First Due Date: February 12, 2010

Final Due Date: February 26, 2010

Angel Bowl Day: Saturday, March 13, 2010

Event Contact: Jennifer Sheely (704) 825-4161 or jennifers@holyangelsnc.org



COMPANY NAME: _____

COMPANY COORDINATOR: _____

BOWLER CONTACT INFORMATION	
Captain:	T-shirt Size:
Address:	Phone:
City, State & Zip Code:	Email:
Bowler #2:	T-shirt Size:
Address:	Phone:
City, State & Zip Code:	Email:
Bowler #3:	T-shirt Size:
Address:	Phone:
City, State & Zip Code:	Email:
Bowler #4:	T-shirt Size:
Address:	Phone:
City, State & Zip Code:	Email:
Bowler #5:	T-shirt Size:
Address:	Phone:
City, State & Zip Code:	Email:

PREFERRED TEAM BOWLING TIME (PLEASE CHECK YOUR TEAM'S 1st, 2nd & 3rd CHOICES):

All time slots are filled on a first-come, first-serve basis.

_____ 9:00 - 10:30 A.M.

_____ 10:30 - 12:00 P.M.

_____ 12:30 - 2:00 P.M.

_____ 2:00 - 3:30 P.M.

_____ 3:30 - 5:00 P.M.

_____ 5:00 - 6:30 P.M.

Please arrive 30 minutes prior to your scheduled bowling time. To assure accurate programming of the scoring monitors, please notify Jennifer Sheely of roster changes no later than March 6, 2010.

Team Captain, please fill out this form and return it to your Company Coordinator with the \$35.00 registration fee (\$7.00 per bowler).

Company Coordinators please return the white copy and collected registration fees to the Holy Angels Foundation.

White: Holy Angels

Yellow: Coordinator

Pink: Team Captain