



## 2024 Registration Form

All registrations will be accepted in the order in which they are received.

Team Captains Name \_\_\_\_\_

Team Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Bowler #1 \_\_\_\_\_

Bowler #2 \_\_\_\_\_

Bowler #3 \_\_\_\_\_

Bowler #4 \_\_\_\_\_

All Bowlers must be a minimum of 18 years of age.

	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:00	9:30	10:00	10:30	11:00	
March 15	X	X	X	X	X	X	X	X	X	X													
March 18																							

Please select a first, second, and third choice for times to bowl.

Entries may be dropped off or mailed to:

Ice Bowling  
 1202 S. Wildwood Ave  
 Sheboygan WI 53081

Please include payment of \$32 for each game with registration form.