

PINS JUNIOR GRADED CHALLENGE ENTRY FORM

FULL NAME

AGE DATE OF BIRTH

EMAIL ADDRESS

CONTACT PHONE #'s

CENTRE YOU WILL BE REPRESENTING

HIGHEST LEAGUE AVE WEEK ENDING SUNDAY 28th May 2017 (please attach proof if not a Pins League bowler)

ADDRESS

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PAYMENT ENCLOSED OF \$20.00 Yes / No (please circle) STAFF SIGN:

