

PINS JUNIOR GRADED CHALLENGE #2

ENTRY FORM

FULL NAME

AGE DATE OF BIRTH

EMAIL ADDRESS

CONTACT PHONE #'s

CENTRE YOU WILL BE REPRESENTING

HIGHEST LEAGUE AVE WEEK ENDING SUNDAY 10th September (please attach proof if not a Pins League bowler)

ADDRESS

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

