

LaVérendrye Bowling League Registration Form

Team Name: _____

Name(s) of League(s): _____

Preferred Day(s) of the Week to Bowl: Yes / No

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Team Members:

Print Full Name	Age	Phone Number	Email
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Complete this form and return by email or drop-off at the front desk.

email: lavbowling@mymts.net (or) drop off at the Front Desk

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