



BRING THIS FORM FILLED OUT THE DAY YOU BOWL

DONATION SHEET

Questions? 707-445-4871 or bfks@ncbbbs.org

PLEASE PRINT CLEARLY- black or blue ink

Check if under 18

Bowler's name (Last) (First) (MI)

Address Home Area Code + Telephone

City State Zip Code Work Area Code + Telephone

Email Address

Company/Organization Name

Team Captain

	Check In Time	Bowling Time
FRI @	<input type="text"/>	<input type="text"/>
SAT @	<input type="text"/>	<input type="text"/>

Lane Assigment: #(s)



March 3 - 4 2017

I would like more information about being a Big Brother or Big Sister

I would like to know more about being an event volunteer

PREPAID PLEDGES = MORE \$\$ TO MENTORING PROGRAMS ~ DONATIONS OF LESS THAN \$20 CANNOT BE BILLED

	Name	Address	City	State	Zip	Telephone	To Be Billed	Pre-Paid	Online **	
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11

***FOR REGISTRATION USE ONLY**

To Bill Bowler's Initials

Pre-paid

Online Registration Staff Initials

TOTAL

Please add all of your totals: **Bowler Totals:**

To Bill

Pre-Paid +

Online** +

Total =

Sheet ____ of ____ (Complete if you have more than 1 sheet)

****ATTACH PRINTOUT OF ONLINE DONATIONS VERIFICATION OF PREPAID DONATIONS, INCLUDING ONLINE, REQUIRED BEFORE PRIZES ARE AWARDED**

Minimum donation total per bowler: \$50 prepaid

Suggested goals: Individual \$200; Team \$1,200