



BRING THIS FORM FILLED OUT THE DAY YOU BOWL

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

PLEASE PRINT CLEARLY- black or blue ink

Bowler's name (Last) (First) (MI)
 Check if under 18
 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 @
 SAT @
 Lane Assignment: #(s)

DONATION SHEET



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