

PINS JUNIOR GRADED CHALLENGE ENTRY FORM

FULL NAME

AGE DATE OF BIRTH

EMAIL ADDRESS

PARENT/GUARDIAN NAMEPHONE #

CENTRE YOU WILL BE REPRESENTING

HIGHEST LEAGUE AVE WEEK ENDING SUNDAY 26th APRIL (please attach proof if not a Pins League bowler)
(leave blank if you are registering prior to this date and we will fill in the gap)

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

