

M.B.A. 2020 STATE CANDLEPIN YOUTH CHAMPIONSHIPS ENTRY FORM

PLEASE CHECK ONLY ONE IN EACH CATEGORY

PLEASE FILL IN BOTH

Event	Age Group	1st Choice	2nd Choice
Teams <input type="checkbox"/> Doubles <input type="checkbox"/> Singles <input type="checkbox"/> All Events <input type="checkbox"/>	Division 1 <input type="checkbox"/> Boy <input type="checkbox"/> Division 2 <input type="checkbox"/> Girl <input type="checkbox"/> Division 3 <input type="checkbox"/>	Date _____ Time _____	Date _____ Time _____
Name of Your Bowling Center		Team Name	
Name (list in bowling order)			
1	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/24/2020:
2	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/24/2020:
3	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/24/2020:
4	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/24/2020:
Mail to: Academy Lanes, PO Box 5068, Haverhill MA 01835 email: AcademyLanes@comcast.net			

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