

M.B.A. 2022 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"/>	Division 1 <input type="checkbox"/>	Date _____ Time _____	Date _____ Time _____
Doubles <input type="checkbox"/>	Division 2 <input type="checkbox"/>		
Singles <input type="checkbox"/>	Division 3 <input type="checkbox"/>		
All Events <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>		
Name of Your Bowling Center		Team Name	
Name (list in bowling order)			
1	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/23/2022:
2	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/23/2022:
3	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/23/2022:
4	Street Address, City & Zip		Date of Birth / /
	Email / phone		Age on 4/23/2022:
<p>Mail to: Academy Lanes, 725 S. Main St., PO Box 5068, Haverhill MA 01835</p> <p>email: AcademyLanes@comcast.net</p>			

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	Email / phone		Age on 4/23/2022:
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