2024 BAGS SUMMER REGISTRATION

info@pioneerbowlsports.com

TEAM REGISTRATION INFORMATION TEAM NAME:

262-628-4020



MANAGER / CAPTAIN NAME:		CONTACT #:				
E-MAIL:						
BAGS SEASON ST	TARTS WEEK	OF MAY	14 TH \$60 EN	TRY FE	E	
CIRCLE 1 ST CHOICE FOR BA	TUESDAY		WEDNESDAY		URSDAY	
CIRCLE 2 ND CHOICE FOR BA	AGS TUESDAY		WEDNESDAY	ТН	URSDAY	
DO NOT WRITE IN CERTIFICATION						
DO NOT WRITE IN – OFFICE USE 2024 BAGS				DATE: _		
ΓΕΑΜ NAME						
PAYMENT RECEIVED CASH / CHE	AMOUNT	AMOUNT PIO		ONEER BOWL EMPLOYEE		
CUSTOMER COPY		_				
BAGS TEAM NAME		TUES/WED	S/THURS			
DATE CASH / CHECK / CC		AMOUNT		PIONEER	PIONEER BOWL EMPLOYEE INTIAL	

PAYMENT MUST ACCOMPANY REGISTRATION. CHECKS PAYABLE TO: PIONEER BOWL P.O. BOX 177 RICHFIELD, WI 53076