

**Team Event**  
**Classic Bowling Lanes**  
 1421 N Willis Dr.  
 Bloomington, IN 47404  
 812-332-6689

Entry # _____
Date _____
Received _____
Amount \$ _____

SUNDAY TEAM  
 April 18, 2010  
 11:00 AM, if more than 32 teams 2:30 PM  
**ENTRY DEADLINE**  
**March 15, 2010**

**TEAM NAME:** \_\_\_\_\_ .

**CAPTAIN:** \_\_\_\_\_ .

**ADDRESS:** \_\_\_\_\_ .

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ .

**PHONE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ .

**E-Mail** \_\_\_\_\_ .

**I.B.E.W. LOCAL #:** \_\_\_\_\_ .

**TEAM EVENT \$75.00 (15.00 PER PERSON):**

Bowler ID.	NAME	ADDRESS	ABC/WIBC	Year Ending
Office Only.			Sanction #	AVE.
1				
2				
3				
4				
5				
6	One of the below must be filled in, if your fifth bowler is bowling with someone else.	NOTE: COMPANION TEAMS MUST BE SENT TOGETHER IF YOU WANT SAME LANES AND DOUBLES AND SINGLES TIME.		
IF NOT on another team	6a			
Bowler on another team	6b	Name Only: _____ Companion Team Captain's Name: _____		

**Certification:**

I hereby certify that all entrants who's Names appear on this Entries are bona fide members of the IBEW or registered apprentices.

Signed: \_\_\_\_\_ Local Union #: \_\_\_\_\_ .