2027 BOWLING TEAM CONTACT FORM

(Does not need to be Captain)
PLEASE PRINT LEGIBILY

FULL NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

EMAIL ADDRESS: _____

LOCAL UNION: _____

ENTRY NUMBER: _____

TEAM NAME: _____

This should be the best contact person for your team in case we need information for payments, etc…

REGION 2B
UAW
SOLIDARITY