

BOWLING TEAM REGISTRATION FORM

***Maryland School for the Deaf Foundation  
2010 Bowling Tournament***

May 2, 2010 – Mt. Airy Bowling Lanes, Center St. Ext, Mt. Airy, Maryland

***Fill out this registration form and fax or e-mail to: Gwena West (fax 301-360-1458), e-mail: [Gwena.MSDF@comcast.net](mailto:Gwena.MSDF@comcast.net)***

TEAM CAPTAIN NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

(Call yourselves anything you want – be original!)

TEAM MEMBERS: (Six players per team, including Captain)

Player One/Captain: \_\_\_\_\_

Player Two Name: \_\_\_\_\_

Player Three Name: \_\_\_\_\_

Player Four Name: \_\_\_\_\_

Player Five Name: \_\_\_\_\_

Player Six Name: \_\_\_\_\_

**PRIZES AWARDED TO:**

Individual Who Raises the Most Money

Team Who Raises the Most Money

(All money must be turned in by May 2)

**TROPHIES AWARDED TO HIGHEST SCORE:**

1<sup>st</sup> Place Team

2<sup>nd</sup> Place Team