



BOWLING LEAGUE
REGISTRATION FORM
2025-2026

PLEASE INDICATE WHICH LEAGUE YOUR TEAM WISHES TO PARTICIPATE IN,
BOWLERS NAMES & PHONE NUMBERS.

****RETURN NO LATER THAN 9/8****

LEAGUE NAME	TIME	START	TYPE	TEAM SIZE
THALS GALS	6:30PM	TUESDAY 9/16/25	LADIES	2 OR 4 PERSON
ROLLING DOES	1PM	WEDNESDAY 9/17/25	LADIES	INDIVIDUAL
WED. MEN	6:30PM	WEDNESDAY 9/17/25	MEN	5 PERSON
THURS. MIXED	NOON	THURSDAY 9/18/25	ANY	3 PERSON

LEAGUE NAME: _____

TEAM NAME: _____

CAPTAIN'S NAME: _____

BOWLER'S NAME

PHONE NUMBER

1. _____

2. _____

3. _____

4. _____

5. _____

SUB: _____ THIS TEAM ONLY ROVING

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