

Your team name:

(Please Print)

Company/Organization Name: _____

Please issue a challenge on our behalf to: _____

	Name	Email	
Team Captain			
<i>Phone #:</i>			
Team Member 2			
Team Member 3			
Team Member 4			
Team Member 5			
Team Member 6			

PLEASE INDICATE DESIRED TEAM BOWLING TIME BELOW (SHIFTS ARE 90 MINS) OR SELECT A DAY/TIME TO HOST AN EVENT AT YOUR WORKPLACE OR OUTDOOR BOCCE BALL

THURSDAY, MAY 22 Team Bowl @ Fairview Lanes 12:00 pm - 1:30 pm 1:30 pm - 3:00 pm 3:00 pm - 4:30 pm 4:30 pm - 6:00 pm 6:00 pm - 7:30 pm 7:30 pm - 9:00 pm	SATURDAY, MAY 24 Team Bowl @ Fairview Lanes 10:00 am - 11:30 am 11:30 am - 1:00 pm 1:00 pm - 2:30 pm 2:30 pm - 4:00 pm	WE ARE PLANNING OUR OWN BOWLING TIME Location Date Time
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Use the Online Fundraising Tool to help your team raise funds! <u>https://bit.ly/BFKSSaintJohn2025</u>