

OFFICIAL ENTRY BLANK

MIXED TEAM

(Please Print or Type All Information)

DO NOT WRITE IN THIS SPACE

MIXED TEAMS			
Oct. 17	1st Choice _____	2nd Choice _____	
Squad Times:	9:00	1:00	5:00

Amt. Remitted	Entry No.
Date Rec'd	

<u>TEAM</u>	
Prize Fee Returned	\$15.00
Bowling	\$9.00
Expense	\$6.00
Total PER EVENT PER BOWLER	\$30.00

MIXED TEAM FINAL ENTRY CLOSING DATE: OCTOBER 5, 2020

TEAM NAME: _____

ALL SUBS MUST BE CHECKED IN 1 HOUR PRIOR TO BOWLING

NAME-Print Name In Full	ADDRESS	City	State	Zip	AVG
1.					
2.					
3.					
4.					

NOTE: All entry fees must accompany entry blank. Make all remittances payable to Batt Family Fun Center. Money must agree with entries checked. **Money order or cashier check only!**

TEAM CAPTAIN

I, as Team Captain, agree to have participants forfeit all claims for prize money in case of misrepresentations.

Captain _____ Street Address _____

Phone _____ City, State, Zip _____

*** Mail entries to:**

Batt Family Fun Center
 1838 Cassat Ave.
 Jacksonville, FL 32210
 904-389-2360

E-mail Address _____

Averages Certified Correct _____