

WI High School Bowling Club High School Proof Form

For use if no school IDs are available.

Due in by December 1st either by email (bcaw@bowlwi.com) or Fax (262-783-4590).

For School Official to fill out

Name _____ Title _____

Phone # _____

School Name _____ Students Year in School _____

Please send a copy of your current school schedule with this form.

Student Signature

School Official Signature

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