

JV BOWLERS

List ALL Students Names

Grade M/F

School Name

Home School Residency

Name of Applicant _____ Telephone _____

Address of Applicant _____ M/F (Circle one)

City _____ Zip _____

E- mail address of Applicant _____

High School which you would attend based on residency requirements: _____

Parent Signature _____

Coach's Signature _____

(By signing this document I have verified that student resides within the named High School boundaries.)

-----**DO NOT WRITE HERE**-----

Official Action of the Wisconsin High School Board of Control

The above request from a cooperative HS Bowling Team has here by been **Denied/Granted** for the 2011 High School Bowling Season.

Signature of the Executive Director
 Gary Hartel Executive Director
 Dale Elliott
 Pete Riopelle
 Dick Zierke

Date Received _____

Date Approved/Denied _____

All APPLICATIONS FOR COOPERTIVE BOWLING TEAMS/HOME SCHOOLED must be Sent to:
BCAW
High School Bowling Club
Board of Controls
21140 W. Capitol Drive, Suite 5
Pewaukee, WI 53072