



# Registration Form

**Please return this form to**  
**[cmbilyk65@gmail.com](mailto:cmbilyk65@gmail.com) by October 15, 2024**

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Colours:** \_\_\_\_\_

**Number of Teams in each division:**

5 – Pin Middle Years

5 – Pin Senior Years

10 – Pin Middle Years

10 – Pin Senior Years

**School Contact Person:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your school have a relationship with a Bowling Center? YES  No

If yes, which one: \_\_\_\_\_

Please make copies of the next page if your school is registering more than 2 teams.

Any other information that Manitoba School Bowling needs to know?

