SASKATCHEWAN SENIORS ASSOCIATION INC. March 14th and 15th, 2020 - BOWLING TEAM ENTRY FORM

TEAM NAME			- <mark>PLEASE NAME TEAM</mark>
NAME	M/F	AVERAGE	HOMETOWN
1			
2			
3			
4			
5			
Must ha	ave minimum 1 pe	erson of opposite	 e gender
Primary Contact Person for Name: Mailing Address:			
	mail: Phone:		
Please MAIL RECEIP	T AND BANQUET	TICKETS to add	ress above or
Please Phone or Ema will pickup RECEIPT	-		eipt of entry form/fees; ournament
Preferred bowling times: Minto schedule requests. Please specif	_	C	and will try to accommodate
1pm on Saturday	3pm o	n Saturday	No preference
9am on Sunday	11 am	on Sunday	No preference
	COMPANY EACH Test bowling and banqu		40.00 PER PERSON) n members.
*Request for Additional Sunday	approx. 1pm Banqu	et tickets:	x \$20 each = \$

PLEASE MAKE CHEQUE PAYABLE TO S.S.A.I. or phone to make arrangements for e-transfer (email).

FORWARD ENTRIES TO: SHANNON WRIGHT BOX 455, VANSCOY, SK S0L 3J0 Landline Phone: 306-493-3023 or email: info@saskseniors.com

(send this money with your registration)