

CT Elks Association Charities 16th Annual State Ten Pin Bowling Tournament

Registration Form

Team Name: _____

	Member Name and Membership Number	Lodge #
Member 1		
Member 2		
Member 3		
Member 4		

*Lanes will be assigned on a first-come-first-served basis.
To speed up registration send your team information and payment together.*

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Team Contact Name: _____

Cellphone: _____ **Email:** _____