BOCCE SIGN UP FORM

BOCCE SEASON _____ FALL _____WINTER _____YEAR

NAME_____

_____MALE _____FEMALE _____ NEW PLAYER?

Complete all contact info. All team contact will be via email.

_____EMAIL_____

_____CELL PHONE _____

_____REGULAR PLAYER- $15.00 _____ SUB PLAYER - $10.00

*****IN CASE WE HAVE TO SCHEDULE A SECOND DAY OF PLAY, WOULD YOU BE INTERESTED IN PLAYING ON A DIFFERENT DAY (NOT WEDNESDAY)____YES _____NO*****

CASH ONLY

.....committee use only.....

DATE PAID_____ REC'D BY_____ AMT_____

TEAM NUMBER_____