

**2010 INDIANA MIDDLE SCHOOL BOWLING**

**Center Information Form**

**Please Print. This form must be filled out completely.**

**Return this form and \$100 deposit by January 15, 2010.**

**Center Name:**

Contact Person:

Address:

City:

Zip:

Phone:

Email:

Coach:

Address:

City:

Zip:

Phone:

Email:

Coach:

Address:

City:

Zip:

Phone:

Email:

Coach:

Address:

City:

Zip:

Phone:

Email:

Please return form to: Steve Kunkel, PO Box 66, Camby, IN 46113.