Team Tracking Form

Please complete form and submit to check-in desk 30 minutes prior to scheduled shift.

Assigned Lane: *(Official use only)*	**Bowling Shift:**	**Company:**	**Team fees paid:** ❑ Yes ❑ No

	Cash/ Check	**Online/ $10 for 10**	**Credit**	**Co Match/ Other**	**Total**	**Late $** *Any funds submitted after event*	**T-Shirt Size** *for $100 min. fundraising*	*(Official use only)* **Prize Level**
Team Captain: _____ *Name* *email* *Phone:* *Address:*								
Team Member 1: _____ *Name* *email* *Phone:* *Address:*								
Team Member 2: _____ *Name* *email* *Phone:* *Address:*								
Team Member 3: _____ *Name* *email* *Phone:* *Address:*								
Team Member 4: _____ *Name* *email* *Phone:* *Address:*								
				TOTAL				

Official use only

PL: Bank:	Comments: