



# DOWNTOWN BOWLING LEAGUE

AT THE ATHLETIC CLUB OF COLUMBUS  
Presented by Capital Crossroads SID

## Registration Form

Winter 2010

Team Name: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Email: \_\_\_\_\_

Captain Address: \_\_\_\_\_

Captain Phone - Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_

### ROSTER (continue on back if needed)

NAME	EMAIL

*\*Team fee is \$160. Please make all checks payable to Capital Crossroads SID and return with this form to 23 N. Fourth St., Columbus, OH 43215. Registration will not be processed without payment.*

