



# DOWNTOWN BOWLING LEAGUE

AT THE ATHLETIC CLUB OF COLUMBUS  
Presented by Capital Crossroads SID

## Registration Form

Fall 2008

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

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

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

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

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

### ROSTER:

NAME	EMAIL

*\*Team fee is \$160. Please make all checks payable to Capital Crossroads SID and return with this form to 20 E. Broad St., Ste. 300, Columbus, OH 43215. Registration will not be processed without payment.*

