

Perfect Games League Sign-up Form – Fax to us at 866-478-2742

League Name: _____

Lane # _____ Team Name : _____

First Name _____	Last Name _____	Middle Initial _____
Nickname _____	Jr/Sr/III _____	Birthdate _____
Street Address _____	Nat'l ID# _____	
City _____	State _____	Zip Code _____
Home Phone _____	Work Phone _____	Bk Ave _____ Bk Gms _____
Email Address _____	Did you bowl in this league last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Regular <input type="checkbox"/> Sub <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed	Are you the team captain? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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