

ADAM DUNN AND AUSTIN KEARNS

ALL*STAR CELEBRITY BOWLING TOURNAMENT

REGISTRATION FORM



TEAM NAME: _____

TEAM CAPTAIN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT TELEPHONE: _____

PLAYER NAME: #1. _____

PLAYER NAME: #2. _____

PLAYER NAME: #3. _____

PLAYER NAME: #4. _____

PLAYER NAME: #5. _____

PLAYER NAME*: #6. _____

**Leave the Player #6 field blank if you wish to have a celebrity assigned to bowl with your team of five bowlers. If you do not wish to bowl with a celebrity, a sixth bowler can be added.*

TEAM SHIRT SIZES: M _____ L _____ XL _____ XXL _____ XXXL _____

PAYMENT OPTIONS:

___ CHECK: PLEASE MAKE PAYABLE TO THE ARO FOUNDATION

___ MasterCard: A/C # _____ EXPIRATION DATE _____

___ VISA: A/C # _____ EXPIRATION DATE _____

****ENTRY DEADLINE IS TUESDAY, SEPTEMBER 17, 2002****