Interest Form

School	Name:				
Coache	es Name	»:			
Addres	s:				
City:			State:		Zip Code:
Cell Phone Number:				_ Alt. Number:	
Email <i>F</i>	Address	(IMPORTANT): _			
Team \	Nebsite:				
2. 3.	qualify for a. If some b. If some In the pass qualify for a. If some b. If some	st four seasons, has r the NJCAA Natior so, what was the m so, what was the m st four seasons, has r the NCAA Nationa so, what was the m so, what was the m so, what was the m	nal Championships? nost recent year of mem nost recent year of chan s your bowling program al Championships? nost recent year of mem nost recent year of chan s your bowling program	been a member of the bership?	e NCAA and/or eligible to
(a. If	so, what was the m	I Invitational?nost recent year of memonst recent year of change.	bership?	
i	incentives university a. If b. If at c. If	s (scholarships, gra to participate in the so, what was the m so, what is the mini- thlete?so, what is the max thlete?shlete?	ants or discounts) to rece bowling program? nost recent year?imum scholarship, gran	ruit or entice a studen	provide a bowling student-

Please return this completed form to: Greg Hatzisavvas (wpubowl@aol.com) no later than February 7th, 2023.

Please make checks out to (\$10 per coach per team):
Club Team Bowling Coaches Association
Send them to: Jeff Fleck, 4826 Ridgebury Dr. Kettering, OH 45440