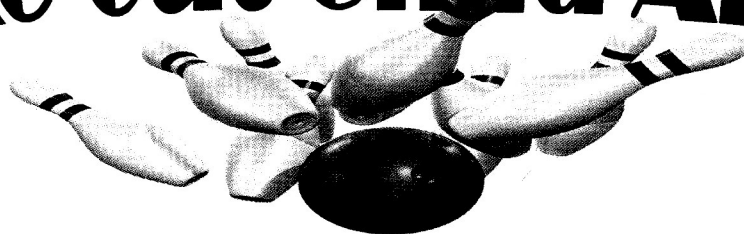


Strike Out Child Abuse



TEAM INFORMATION SHEET &/or LANE SPONSOR

Please check one:

Team Only _____ (\$200) Lane Sponsor Only _____ (\$150)

Team & Lane _____ (\$300)

If sponsoring a lane, please list below the name of business or individual as you want it printed on signage at event: _____

Team Name: _____ Business/Organization: _____

Team Captain/Bowler #1 Name: _____

Address: _____

Email: _____ Ph: _____ T-Shirt Size _____

Bowler #2 Name: _____ T-Shirt Size _____

Bowler #3 Name: _____ T-Shirt Size _____

Bowler #4 Name: _____ T-Shirt Size _____

Bowler #5 Name: _____ T-Shirt Size _____

DEADLINE: Friday, November 6, 2015

Make checks payable to: Family Resource Center; POB 168, Rome, GA 30162

Mail team form in with check OR email to rhice@harbinclinic.com OR call me and give me your team information - 706.766.8347.