



BOWLING FOR AUTISM TEAM ROSTER

TEAM NAME: _____

LANE SPONSOR: _____

	TEAM MEMBERS	SHOE SIZE	BOWLING FEE	PAID	DONATION
1					
2					
3					
4					
5					
6					
7					
8					

OFFICE USE ONLY:	
LANE#	
BEER/SODA	
PIZZA	

PLEASE SELECT PIZZA CHOICE (2 PIZZAS FOR EVERY 8 BOWLERS)	
PEPPERONI	
CHEESE	
SAUSAGE	

PLEASE SELECT ONE BEVERAGE CHOICE (2 PITCHERS)	
BEER	
SODA	

PLEASE RETURN FORM TO: EMILY MAGGART, EMAGGART@LOGANCENTER.ORG