



19th Annual Bocce Tournament

Registration Form

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Sign me up for a BOCCE TEAM

\$300

Due By: Wed. Sept 25, 2019

A team is 4-6 players.

Team Name: _____

Team Captain: _____ Phone: _____ Email: _____

Player 2: _____ Player 5 (Optional): _____

Player 3: _____ Player 6 (Optional): _____

Player 4: _____

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Sign me up for SINGLE player

\$60/person

Due By: Wed. Sept 25, 2019

CACS will partner you up with other SINGLE players to create a 6 person team.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

☐

Sign me up for Lunch/Spectator

Admission Name: _____

(Non-Player) Email: _____ Phone: _____

\$25 per adult 18 yrs. and up _____

\$10 per child 8 yrs. to 17 yrs. _____

Free for children under 8 yrs.

TOTAL = \$

☐

I would like to volunteer

Name: _____

Phone: _____ Email: _____

___ Set Up ___ Clean Up ___ Food Service ___ Registration ___ Photographer

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With regrets, I will not be able to attend

Enclosed is a donation for \$ _____ for a successful Bocce Tournament.

Name _____

(As you would like it to appear in our Newsletter)

Website: www.casaallegra.org Email: hollie@casaallegra.org