

WILDWOOD DAYS BOCCE FORM

TEAM NAME: _____

CAPTAINS NAME: _____

MAILING ADDRESS: _____

CONTACT PHONE #: _____

EMAIL: _____

PLAYER 2: _____

PLAYER 3: _____

PLAYER 4: _____

ALTERNATE 1: _____

2ND ALTERNATE: _____

3RD ALTERNATE: _____

TOTAL

AMOUNT: \$ _____

\$100 PER TEAM + \$20 PER ALTERNATE

MAKE CHECKS PAYABLE TO: RDVFD

RETURN FORMS BY MAIL TO: 50 WEST CENTER ST

RIO DELL CA 95562

OR CALL 707-764-3329 TO ENTER BY PHONE