



# Bocce Registration Form

TEAM NAME: \_\_\_\_\_

CAPTAINS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PLAYER 2: \_\_\_\_\_ PLAYER 3: \_\_\_\_\_

PLAYER 4: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

2<sup>ND</sup> ALTERNATE: \_\_\_\_\_ TOTAL

3<sup>RD</sup> ALTERNATE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**\$100 PER TEAM + \$20 PER ALTERNATE**

**MAKE CHECKS PAYABLE TO RIO DELL FIRE**

Fill & RETURN BOTH FORMS TO 50 W Center St. ST RIO DELL CA 95562



# Bocce Registration Form

## GAME DAY INFO

TEAM NAME: \_\_\_\_\_

CAPTAINS NAME: \_\_\_\_\_

CAPTAINS CELL PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CO CAPTAIN CONTACT: \_\_\_\_\_ # \_\_\_\_\_

OTHER CONTACT: \_\_\_\_\_ # \_\_\_\_\_

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