

REGISTRATION FORM

WHEN: Saturday September 26, 2015 – Bowling begins at 1pm

WHERE: Petro Bowl - Lake Charles

RECEIVED BY:

ENTRY FEE: \$100 per Team – Make checks payable to Krewe of Good Times

AMOUNT PAID: _____ Cash Check Money Order

SUBMIT FORM: Turn in form to a Krewe of Good Times Member or

Mail to: C/O Kim Dubard - 417 Gillis Cut Off, Lake Charles, LA 70611

4 man team with at least one woman

TEAM LEADER	CONTACT NUMBER	EMAIL ADDRESS
TEAM MEMBER #2	CONTACT NUMBER	EMAIL ADDRESS
TEAM MEMBER #3	CONTACT NUMBER	EMAIL ADDRESS
TEAM MEMBER #4	CONTACT NUMBER	EMAIL ADDRESS
TEAM NAME:		
***********		*********
	CHALLENGE THE KREWES	
(If not a m	nember of Mardi Gras Krewe, skip this sed	ction)
Name of Mardi Gras Krewe being represented	- at least one person on the team has to	be an active member of that Krewe:
***********	****FOR OFFICE USE ONLY*******	**********
SCHEDULED BOWLING TIME:	LANE #:	
REGISTRATION FORM RECEIVED ON DATE	:	