

**GREATER BELOIT BOWLING COUNCIL
APPLICATION FOR
SPONSOR OF THE YEAR**

SPONSOR NAME: _____

ADDRESS: _____

LIST YEARS YOU HAVE SPONSORED TEAMS AND NUMBER OF TEAMS:

HAVE YOUR TEAMS PLACED IN ANY TOURNAMENTS? IF SO, GIVE NAME OF TOURNAMENT AND YEAR, IF POSSIBLE.

HAVE YOU PAID ENTRY FOR YOUR TEAMS IN ANY TOURNAMENTS? IF SO, LIST TOURNAMENTS AND APPROXIMATELY WHAT YEAR.

ANY OTHER PERTINENT INFORMATION YOU THINK WOULD BE OF INTEREST TO THIS SELECTION PROCESS.

SUBMITTED BY: _____ **TELEPHONE:** _____

ADDRESS _____
STREET CITY STATE ZIP

Please submit this application by June 1 to:

Greater Beloit Bowling Council or Give to any Bowling Council Member
Dede Bucholtz, Secretary
3724 Oak Lane Dr
Beloit, WI 53511

Revised 1998