

Wildwood Days Bocce Registration Form

TEAM NAME: _____

CAPTAINS NAME: _____

MAILING ADDRESS: _____

PHONE #: _____

PLAYER 2: _____ PLAYER 3: _____

PLAYER 4: _____ ALTERNATE: _____

2ND ALTERNATE: _____ TOTAL

3RD ALTERNATE: _____ AMOUNT: \$ _____

\$100 PER TEAM + \$20 PER ALTERNATE

MAKE CHECKS PAYABLE TO R.D.V.F.D.

RETURN BOTH FORMS TO RIO DELL FIRE@50 WEST CENTER ST RIO DELL CA 95562