



St. Jude Children's
Research Hospital

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Long Island Alumnae Chapter

4th Annual Bowl-A-Thon Registration Sheet



Saturday,
February 27, 2010
5pm - 8pm

Team Name:	Team Captain's Name:
Total Team Donations:	Team Score:
	Game 1: Game 2:

*PLEASE PROVIDE COMPLETE INFORMATION ON EACH BOWLER. We want to thank each person!

Bowler's Name	Address	Email	Phone #	Pledge Amount	Please ✓ when paid
1.					
2.					
3.					
4.					
5.					
6.					

TOTAL
PLEDGES

\$

AMOUNT
TURNED IN

Subtotal Amount

\$

Total Collected

\$