REGISTRATION FOR SPANISH WELLS BOCCE - 2017 SPRING LEAGUE

Please complete this form and mail with your check to:

Lisa Malcolm, 28423 Sombrero Dr, Bonita Springs, FL 34135 (MAKE CHECK OUT TO LISA MALCOLM)

RETURN THIS FORM BY DECEMBER 26, 2016. PLAY BEGINS January 23, 2017 AND ENDS MARCH 8, 2017.

All members of Spanish	Wells Country Club are w	elcome to play.
Team Name:		
Captain:	Tel:	E-Mail:
Team Member		
Name:	Tel:	E-Mail:
Name:	Tel:	E-Mail:
Name:	Tel:	E-Mail:
Tuesday and Wednesday Choice of Day / Time COST IS \$5.00 PER PER LISA MALCOLM. If you want to play but do	at 1:00 and 3:00 P.M. RSON. TEAM CAPTAIN	TO SEND A CHECK FOR \$20.00, MADE OUT TO ist your names below. We will put you in touch with
others seeking teams.	Tal·	Email:
		Email:
		e the line(s) below. There is no charge for being a
Name:	Tel:	Email:
Name:	<u>Tel:</u>	Email:
Days of the week you are	e available:	

Questions? E-Mail Lisa Malcolm at lisatmal@sbcglobal.net or call at 239-495-5352