
Home School Residency

Name of Applicant _____ Telephone _____

Address of Applicant _____ M/F (Circle one)

City _____ Zip _____

E- mail address of Applicant _____

Middle School which you would attend based on residency requirements: _____

Parent Signature _____

Coach's Signature _____

(By signing this document I have verified that student resides within the named Middle School boundaries.)

-----**DO NOT WRITE HERE**-----

Official Action of the Wisconsin Middle School Board of Control

The above request from a cooperative HS Bowling Team has here by been **Denied/Granted** for the 2012 Middle School Bowling Season.

Signature of the Executive Director

Gary Hartel Executive Director

Dick Zierke

Date Received _____

Date Approved/Denied _____

All APPLICATIONS FOR COOPERTIVE BOWLING TEAMS/HOME SCHOOLED must be Sent

to: **BCAW**
 Middle School Bowling Club
 Board of Controls
 21140 W. Capitol Drive, Suite 5
 Pewaukee, WI 53072