

BOCCE APPLICATION

Please check Category: **MASTERS** ____ or **RECREATIONAL** ____

Team Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Team Players: (please print)

1. _____

2. _____

3. _____

4. _____

Please send this completed application form and check, for \$80 per team, made out to Festa Italiana, to the following address:

Patrick Henry
5624 SW Charlestown
Seattle, WA 98116