

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 \$100 per team, made out to Festa Italiana, to the following address:

Scott Henry
12113 Marine View Dr SW
Burien, WA 98146