

# 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 \$120 per team, made out to Festa Italiana, to the following address:

Scott Henry  
12113 Marine View Dr SW  
Burien, WA 98146