

# QLD TENPIN BOWLING INTERSCHOOL CHALLENGE 2010

## TEAM PARTICIPANT FORM

Due By Friday, 7 May 2010

School: \_\_\_\_\_ Team: **One/ Two/ Three**

Team Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please fill out the following details regarding each of your team member and the person looking after the team and return to TBAQ immediately.

Full Name	Age	Address	Medical Form attached(please ✓)

**TBAQ take photos during the Interschool challenge for promotional purposes. TBAQ are asking schools for permission to publish same. Signing this form will indicate permission for use of sporting photos from this event.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature \_\_\_\_\_