

# Dairy Bowl

# ENTRY FORM



All teams must designate a team captain and coach.  
The coach should be recognized by the state association.  
Entry forms must be postmarked by April 1st.



Division:      Junior      Senior

State \_\_\_\_\_ Team Captain \_\_\_\_\_

## TEAM COACH

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

## TEAM MEMBERS

Name \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_



Name \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ALTERNATE TEAM MEMBERS**

Name \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Dairy Bowl entries should be postmarked by April 1st to:**

Holstein Foundation  
ATTN: Kelli F. Dunklee  
P.O. Box 816, Brattleboro, VT 05302-0816  
800-952-5200, ext. 4124