

# FRIDAY NIGHT OILT

## PRE-BOWL/POSTPONE BOWL REQUEST FORM

NOTE: THIS IS TO BE COMPLETED BY THE TEAM CAPTAIN REQUESTING THE PRE/POST BOWL.

PRE/POST BOWL IS NOT GRANTED UNTIL THIS IS FULLY COMPLETED, SIGNED BY BOTH TEAM CAPTAINS, SIGNED BY THE POSTPONEMENT COMMITTEE MEMBERS, AND RETURNED TO THE LEAGUE SECRETARY.

### REQUESTING TEAM INFORMATION

TEAM NAME:

TEAM NUMBER:

DATE GAME IS SCHEDULED TO BE BOWLED:

DATE GAME WILL BE MADE UP:

SIGNED BY REQUESTING TEAM CAPTAIN:

REASON FOR REQUEST:

### OPPOSING TEAM

TEAM NAME:

TEAM NUMBER:

WILL YOUR TEAM BOWL WITH THIS TEAM DURING THEIR PRE/POST BOWL?

IF NO, WILL A TEAM MEMBER BE PRESENT AS A WITNESS?

IF YES, WHO WILL BE PRESENT TO BOWL?

DOES THE OTHER TEAM HAVE THEIR CONTACT INFORMATION TO LET THEM KNOW WHEN THE GAME WILL BE BOWLED SO THEY CAN BE THERE?

OPPOSING TEAM CAPTAIN SIGNATURE:

*THE TEAM YOU WILL BE PLAYING NEXT WEEK IS LOCATED ON THE STANDING SHEET. CHECK THE STANDING SHEET WHERE IT SHOWS "THIS WEEK" AND "NEXT WEEK." THE TEAM IN THE "NEXT WEEK" BLOCK WITH YOUR TEAM IS WHO YOU WILL BOWL AGAINST.*

### POSTPONEMENT COMMITTEE MEMBERS ONLY BELOW THIS LINE:

**Postponement Committee Members: Write and sign your name below. Write YES after your name legibly if you agree to the pre/post bowl. Write NO if you do not agree.**

POSTPONEMENT COMMITTEE MEMBER NAME:

POSTPONEMENT COMMITTEE MEMBER NAME:

POSTPONEMENT COMMITTEE MEMBER NAME:

LEAGUE SECRETARY: SIGN AND DATE THE DATE/TIME YOU RECEIVED THE COMPLETED REQUEST.