

COORDINATOR INFORMATION FORM

Return this form by September 3, 2018 to:

Steve Kunkel
 Indiana High School Bowling
 P. O. Box 46
 Danville, IN 46122
highschoolbowling@hotmail.com
www.indianagobowl.com

Conference Name:			
Conference Coordinator:			
Address:			
City:		Zip:	
Phone:			
Cell:			
Fax:			
Email:			

Which is the best way to pass information on to you?	Email	
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	Other	