

# BOWLING EUROPEAN CORPORATIVE CHAMPIONSHIPS

B.E.C



**ENTRY FORM** (Please use BLOCK CAPITALS only)

COUNTRY: ITALY

NAME OF COMPANY and TEAM NAME: A.O.R.N. ANTONIO CARDARELLI

BUSINESS ADDRESS: VIA ANTONIO CARDARELLI

NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON RESPONSIBLE FOR THE TEAM (TEAM CAPTAIN OR TEAM MANAGER): MAURO MIGLIACCIO VIA SOLFATARA N°35 POZZUOLI (NA) 3272338226

EMAIL ADDRESS: MAUROMIGLIACCIO82@GMAIL.COM

FOUR PERSON TEAM EVENT	PREFERRED BOWLING SQUAD (A, B, C ETC):		NATIONAL BOWLING FEDERATION CARD NUMBER	Family? Wife Child Husband	Senior? 60+
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female			
First Name / Prénom	Last Name / Nom de Famille	M/F			Y
1					
2					
3					
4					
5 (RESERVE)					

LADIES DOUBLES TEAM EVENT	PREFERRED BOWLING SQUAD (A, B, C ETC):		NATIONAL BOWLING FEDERATION CARD NUMBER	Family? Wife Child Husband	Senior? 60+
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female			
First Name / Prénom	Last Name / Nom de Famille	M/F			Y
1		F			
2		F			
3 (RESERVE)		F			

MIXED DOUBLES TEAM EVENT	PREFERRED BOWLING SQUAD (A, B, C ETC):		NATIONAL BOWLING FEDERATION CARD NUMBER	Family? Wife Child Husband	Senior? 60+
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female			
First Name / Prénom	Last Name / Nom de Famille	M/F			Y
1					
2					

MENS DOUBLES TEAM EVENT	PREFERRED BOWLING SQUAD (A, B, C ETC):		NATIONAL BOWLING FEDERATION CARD NUMBER	Family? Wife Child Husband	Senior? 60+
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female			
First Name / Prénom	Last Name / Nom de Famille	M/F			Y
MAURO	MIGLIACCIO	M	AD5009		
GENNARO	VARCHETTA	M	AA7641		

**Notes: Shifts preference at 6:30 p.m.**

SECTION TO BE COMPLETED BY COUNTRY REPRESENTATIVE

FACTS SHOWN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE

Date: 17/02/2023

Country Representative

Signature

A.O.R.N. "A. CARDARELLI"

Name  
Address



**Important: Entry Form MUST be typewritten or it will be rejected by your Country Representative.**