

BOWLING EUROPEAN CORPORATIVE CHAMPIONSHIPS



ENTRY FORM (Please use BLOCK CAPITALS only)

COUNTRY: **ITALY**

NAME OF COMPANY and TEAM NAME: **MINISTERO PUBBLICA ISTRUZIONE**

BUSINESS ADDRESS: **VIA DELLA CHIESA XXI N°170 55100 LUCCA**

NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON RESPONSIBLE FOR THE TEAM (TEAM CAPTAIN OR TEAM MANAGER): **ALESSANDRO NIERI 0393388083253 Località Pian. Di Vico n° 6 Vicopisano Pisa**

EMAIL ADDRESS: **nierialessandro71@gmail.com**

FOUR PERSON TEAM EVENT		PREFERRED BOWLING SQUAD (A, B, C ETC):		Family?	Senior?
PLAYERS NAMES (IN ORDER OF INITIAL PLAY)		Male or Female	NATIONAL BOWLING FEDERATION CARD NUMBER	Wife Child Husband	60+
First Name / Prénom	Last Name / Nom de Famille	M/F		W/C/H	Y
ALESSANDRO	NIERI	M	AB4739		
MAURIZIO	GIOVANNELLI	M	AC2959		
NEDO	SPLENDIANI	M	AC3818		
GIULIO	MORI	M	AB1625		
STEFANIA	CEI	F	AD5228		

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

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

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

SECTION TO BE COMPLETED BY COUNTRY REPRESENTATIVE
FACTS SHOWN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE

Date: **21/02/2023**

Country Representative

Signature: **M.F.I. TOSCANA**

Name
Address



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