

# HOLSTEIN FOUNDATION DAIRY BOWL

## Senior Team 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 1<sup>st</sup>**.

STATE \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

TEAM COACH:  
Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

TEAM MEMBERS:  
Name \_\_\_\_\_  
\_\_\_\_\_

Name of Parents \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Name of Parents \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_

Name of Parents \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Name of Parents \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

---

*Birth Date* \_\_\_\_\_ *Telephone Number* \_\_\_\_\_

**ALTERNATES:**

*Name* \_\_\_\_\_

*Name of Parents* \_\_\_\_\_

*Address* \_\_\_\_\_

---

*Birth Date* \_\_\_\_\_ *Telephone Number* \_\_\_\_\_

*Name* \_\_\_\_\_

*Name of Parents* \_\_\_\_\_

*Address* \_\_\_\_\_

---

*Birth Date* \_\_\_\_\_ *Telephone Number* \_\_\_\_\_

*Dairy Bowl entries must be forwarded to:  
Holstein Foundation  
ATTN: Kelli F. Dunklee  
P.O. Box 816, Brattleboro, VT 05302-0816*