

404 S Fond du Lac Ave - Campbellsport, WI 53010
920-533-8392 - www.kingpinlanes.net

KING PIN LANES SCHOLARSHIP AGREEMENT

Parent or Guardian: Please complete and return this form for your child's file. Thank you!

I, the undersigned, have read and understand the terms of this agreement and the guidelines of the King Pin Lanes Scholarship Program.

_____ _____
Parent/Guardian Signature Date

_____
Parent/Guardian Name (Please Print)

Please supply all information requested (please print).

Last Name _____ First Name _____ Mid Initial _____

Street Address _____ Phone Number (_____)_____

City _____ Zip Code _____ Birthdate ____ /____ /_____

Current School Attending _____ Year of Graduation _____

E-mail Address _____