



Your Best Insurance
is an Insurance Broker

BOWLING CHALLENGE REGISTRATION FORM



COMPANY NAME: _____

CONTACT NAME: _____

E-MAIL ADDRESS: _____

Attendees should be either members of WECIBA or OIAA

NAME OF ATTENDEES & COMPANY NAME:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If you do not submit a team of six, one will be arranged for you.

CHEQUE AMOUNT: # OF ATTENDEES _____ X \$30 PER PERSON = _____

**** CHEQUES SHOULD BE MADE PAYABLE TO:
WINDSOR ESSEX COUNTY INSURANCE BROKERS ASSOCIATION**

REGISTRATION FORM AND PAYMENT CAN BE MAILED TO:

Bondy Insurance
Attn: Robin Masse
1301 Front Road
LaSalle, ON N9J 2A9