I-I DISTRICT KIWANIS NEUROSCIENCE RESEARCH FOUNDATION

BOWL-A-THON CLUB/DIVISION REPORTING FORM

DIVISION #: _____ **Bowl-A-Thon Coordinator:**_____

Address:_____ **Phone:** _____

City, State & ZIP: _____**E-MAIL:**_____

THE TOTAL ON THIS SHEET MUST EQUAL THE TOTAL OF CHECKS MAILED TO THE OFFICE. EVERY CHECK MUST BE LISTED INDIVIDUALLY SO CLUBS GET APPROPRIATE CREDIT. IF THIS IS NOT RECEIVED IN THIS FORMAT, IT WILL BE RETURNED TO FIX.

Name on Check	Club to receive Credit	Amount of Check
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Total Funds *Enclosed*	$

Please remit form and all funds *no later than May 15th* to the
I-I District Office, 2416 E. Washington St, Suite B-2, Bloomington, IL 61704-4893
Do not mail cash or coin. All checks should be made payable to the Kiwanis Neuroscience Research Foundation or KNRF.