

Bowler Registration Form

Bowler Name			
Address (No PO Boxes)			
Phone:	()	Cell:	() Email:

Accompanying Parent/Guardian #1 Name:			
Address(No PO Boxes)			
Phone:	()	Cell:	() Email:

Accompanying Parent/Guardian #2 Name:			
Address (No PO Boxes)			
Phone:	()	Cell:	() Email:

Personal Information

Age & Grade Level:			
Height:		Birthdate:	// //

Shirt Size(check one)

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

Every effort will be made to honor your shirt size request

Bowled before?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, how many times per year?:		Typical Score	
Dietary Requirements:			
Special Needs:			

Activities & Events

Indicate below which events the bowler and accompanying parents/guardians plan to participate in/attend:

Bowler	Accompanying Guardian #1	Accompanying Guardian #2
Pairings Party <input type="checkbox"/>	Pairings Party <input type="checkbox"/>	Pairings Party <input type="checkbox"/>
Bowling Challenge <input type="checkbox"/>	Bowling Challenge <input type="checkbox"/>	Bowling Challenge <input type="checkbox"/>

Return Via Fax to Beth Jarvis at 919-844-1940