

19TH ANNUAL BOWL AGAINST ABUSE

April 29, 2017 at Kent Lanes

TEAM REGISTRATION FORM

TEAM CONTACT PERSON

Name: _____

Address: _____

Phone Number: _____ Email: _____

Organization / Group represented (if applicable): _____

BOWLER NAMES: Include Team Contact Person, if bowling > Teams must have 4 to 6 bowlers

> If you don't have all names at registration, note # of bowlers expected & best guess at T-shirt sizes

#1: _____

email: _____

#2: _____

email: _____

#3: _____

email: _____

#4: _____

email: _____

#5: _____

email: _____

#6: _____

email: _____

T-SHIRT SIZE Sizes not guaranteed. We will try our best.

Adult **XXX XX XL L M S** Other: _____

Youth: **L M**

Adult: **XXX XX XL L M S** Other: _____

Youth: **L M**

Adult: **XXX XX XL L M S** Other: _____

Youth: **L M**

Adult: **XXX XX XL L M S** Other: _____

Youth: **L M**

Adult: **XXX XX XL L M S** Other: _____

Youth: **L M**

Adult: **XXX XX XL L M S** Other: _____

Youth: **L M**

SESSION TIME PREFERENCE

You will only be contacted IF your preference CANNOT be honored. ~ 1st come, 1st served with pd. registration

9:00 am 12:00 noon 3:00 pm

BUMPERS NEEDED? Yes No

DUE DATE: ASAP ~ NO LATER THAN APRIL 26TH

MAIL COMPLETED FORM AND \$25 REGISTRATION FEE TO:

The Children's Advocacy Center of Portage Co ~ 6847 N. Chestnut St. ~ Ravenna, OH 44266

Checks payable to: The Children's Advocacy Center
(330) 297-8838 ~ www.childadvocacyportage.org

For Office Use Only

DATE PAID _____ CHECK # _____ CASH _____ HAVE ENVELOPES _____ IN COMPUTER _____



April 29, 2017



TEAM INSTRUCTIONS

GOAL: Any amount raised by a bowler or a team is greatly appreciated.
Great goals to try for: \$100 per bowler; \$500 per team.
Collection envelopes are provided.

3 SESSIONS: 9am ~ 12pm ~ 3:00pm *If your time is NOT available, we will contact you.*

\$25 TEAM LANE FEE INCLUDES: 2 games, shoe rentals, door prize entry for each bowler on the team, a chance to win prizes and have great fun with trivia and dance contests.

BRING EXTRA CASH: For 50/50 raffle, basket raffle, food and beverages
Winners drawn at the end of each session

REGISTRATION DUE: ASAP, no later than **April 26th**

What if I don't have all team members' names but I want to register today?

- Fill out the form as completely as possible & turn it in today with the registration fee.
- We need the Team Contact information at a minimum.
- Before April 26th, call (330) 297-8838 to give us additional team member names & shirt sizes.

COLLECTION ENVELOPES

- We will give Team Captains envelopes for each bowler once we receive the registration form
- Complete ALL INFORMATION on the envelope BEFORE you arrive
- Please COUNT THE MONEY
- Record your TOTAL

EVENT DAY

- Come ½ hour before your bowling time
- EACH BOWLER must check in to get t-shirts and to sign up for prizes
- Bring COMPLETED Collection Envelopes with donations to Registration

**QUESTIONS? Call (330) 297-8838 or email Rachel.Lancaster@UHhospitals.org
www.childadvocacyportage.org**

*Please help us to make this the most successful year for
Bowl Against Abuse*

Thank You