LIONS DISTRICT 14-K
BOWL-A-THON

NAME OF CLUB _____

NAME OF BOWLER _____

ADDRESS _____

_____ ZIP_____

TELEPHONE NO. _____

PRINT NAME	PHONE	ADDRESS	AMOUNT PLEDGED	AMOUNT COLLECTED
		TOTAL		

EXAMPLE SCORES: **110 at 5¢ = $5.50** **180 at 2¢ = $3.60** **2¢ PER POINT MINIMUM**

Official tax receipts upon request for donation of $10.00 or more.

I hereby signify that I understand Lions Club, its local agencies, the bowling center where I bowl and all other organizations and persons connected with this event are not to be held responsible for any injuries which I may suffer while taking part in this event or as a result thereof. In this connection, I herby waive any claim for damages to my person or property.

IMPORTANT: PARTICIPANTS UNDER AGE 18 MUST HAVE THIS FORM SIGNED BY A PARENT OR GUARDIAN.

_____ _____

Participant's Signature Date Parent or Guardian Signature