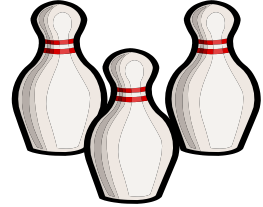


# Bowl-A-Thon Registration Form

**Deaf Kids and Teens Program  
KODA**



**Team Captain's Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Bowler One** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Bowler Two** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Bowler Three** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Bowler Four** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Bowler Five** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Bowling lanes will be assigned on a first come first served basis. Lanes will be confirmed upon receipt of the team's registration form.**

**Team Captains: Complete this sheet and retain a copy for yourself. Submit the original copy to DCRC.**

**Through registration as a bowler, all participants release DCRC from any damages or injuries which may occur.**

**Please return to:  
DCRC Michelle Anthony  
3333 Stanley Ave Dayton, Ohio 45404  
Email: manthony@dcrcoho.com Voice/VP: 937 227 3272**