



**Bowl-A-Thon
Registration Form
Deaf Kids and Teens Program**

Team Captain's Name _____
Name _____
Address _____
City _____ **State** _____ **Zip Code** _____ **Ph. #** _____
email: _____

Bowler One _____
Address _____
City _____ **State** _____ **Zip Code** _____ **Ph. #** _____
email: _____

Bowler Two _____
Address _____
City _____ **State** _____ **Zip Code** _____ **Ph. #** _____
email: _____

Bowler Three _____
Address _____
City _____ **State** _____ **Zip Code** _____ **Ph. #** _____
email: _____

Bowler Four _____
Address _____
City _____ **State** _____ **Zip Code** _____ **Ph. #** _____
email: _____

Bowler Five _____
Address _____
City _____ **State** _____ **Zip Code** _____ **Ph. #** _____
email: _____

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
369 West First Street Suite 201 Dayton, Ohio 45402
Email: manthony@dcrcohoio.com
Email: manthony@dcrcohoio.com Voice/VP: 937 227 3272