# DON JOHNSON MEMORIAL TEAM BOWLATHON 2010

NATIONWIDE CHILDREN'S HOSPITAL

PBA

BOWLERS NAME _____ PHONE # _____

ADDRESS _____ BIRTHDAY _____

CITY _____ EMAIL _____

ZIP _____

SHIRT SIZE
PLEASE CIRCLE ONE

YS YM YL

AS AM AL

AXL AXXL

**Bowlathon Sponsors may pledge per pin or a straight dollar pledge for 1 game of bowling.**

| SPONSOR'S NAME | PHONE | E-MAIL | PER PIN PLEDGE | TOTAL PLEDGE | TOTAL COLLECTED |
|---|---|---|---|---|---|
| GRANDMA | ???-???-???? | | $0.20 | | $0.20 X SCORE |
| TEACHER | ???-???-???? | | | $2.00 | $2.00 |
| NEIGHBOR | ???-???-???? | | | $10.00 | $10.00 |
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**PLEASE MAKE ALL CHECKS PAYABLE TO DON JOHNSON MEMORIAL TEAM**

IN CONSIDERATION OF MY REGISTRATION, I, THE UNDERSIGNED, ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN ANY DON JOHNSON MEMORIAL TEAM BOWLATHON EVENTS. I HEREBY RELEASE THE ORGANIZERS, VOLUNTEERS AND HOST BOWLING CENTERS FROM ANY AND ALL CLAIMS, DEMAND RIGHTS OR CLAUSES, PRESENT OR FUTURE.

TOTAL
(MINIMUM OF $25.00)

BOWLER'S SIGNATURE

PARENT OR GAURDIAN SIGNATURE