

Mentor Livingston Bowlapalooza 2020
(formerly Bowl For Kids' Sake)
REGISTRATION FORM

At Striking Lanes, 1535 N. Old U.S. 23, Hartland

Your name or name of your **5 person** team is: (please print) _____

If you are representing a business; please print the name here: _____

If you would like a Certificate of Appreciation for your team or business, print name here:

Send all Captain Correspondence to: _____

(Please Note: Captain is responsible
for letting all team members
know information sent to him/her.) _____

Best time and phone number to reach you: _____

If there is a team you would like to bowl with, please write in their team name or captain name:

PLEASE INDICATE FIRST, SECOND, AND THIRD CHOICE:

Wednesday, March 4 _____

Flight A - 6:00pm to 8:00pm

Friday, March 6 _____

Flight B - 9:15 - 11:15pm

Saturday, March 7 _____

Flight C - 1:00 - 3:00pm

Wednesday, March 11 _____

Flight D - 6:00pm to 8:00pm

Friday, March 13 _____

Flight E - 9:15 - 11:15pm

\$60.00 minimum pledge per bowler required; \$100.00 per bowler helps us make our goal of providing youth facing adversity longer stronger friendships through mentoring.

If you are unable to register a 5 Person Team, register yourself and whoever else will be bowling with you. We will form 5 person team for you.

Thank you for your support of our agency and the children we serve.



Please turn form over for additional information to be completed. Please print.

Captain's Name (Bowler 1) _____

Check here if you would like a
Certificate of Appreciation

Certificate

Address _____

City _____ Zip _____

Daytime Phone _____ Email Required _____

Name of Bowler 2 _____

Check here if you would like a
Certificate of Appreciation

Certificate

Address _____

City _____ Zip _____

Daytime Phone _____ Email Required _____

Name of Bowler 3 _____

Check here if you would like a
Certificate of Appreciation

Certificate

Address _____

City _____ Zip _____

Daytime Phone _____ Email Required _____

Name of Bowler 4 _____

Check here if you would like a
Certificate of Appreciation

Certificate

Address _____

City _____ Zip _____

Daytime Phone _____ Email Required _____

Name of Bowler 5 _____

Check here if you would like a
Certificate of Appreciation

Certificate

Address _____

City _____ Zip _____

Daytime Phone _____ Email Required _____

Please return as soon as you have formed a team. (The sooner the form is in, the sooner you will be assigned a time.)

Please mail, fax or email to: Mentor Livingston, 915 N. Michigan Ave Suite 104, Howell, MI 48843.

Phone: 517-546-1140 Fax: 517-546-0092 Email: mentorlivingston@gmail.com Check us out on Facebook!