PEE WEE BUMPER AND YOUTH BOWLING

The Wayne Department Of Parks and Recreation is sponsoring a Saturday bowling program for boys and girls grades 1 – 8

PEE WEE: BUMPER ***YOUTH: NON BUMPER***

Bowling Begins: Saturday, January 23RD at 9:00 A.M. at **T-Bowl Lanes** 9:00 to 10:30 A.M.
This will be a nine (9) week session. **Please arrive at least 15 minutes prior to start time.**

Winter: Saturday, January 23RD – Saturday, March 27th, 2010
(No bowling February 13th, 2010)

Registration Fee: $20.00 Includes T-Shirt and Awards for all participants
PRE-REGISTRATION IS REQUIRED at Wayne Parks & Recreation

Cost Per Week: $7.00 – Includes two (2) games of bowling, rental shoes, coaching assistance and an Awards Program at the end of the season.
Prepayments will also be available.

Weekly money will be collected in envelopes this year to avoid standing on lines each week. If for any reason we cancel a class, it will be added to the end of the season. Please fill out the form below and return to the Recreation Dept. prior to first session along with your $20.00. If paying by check make payable to Wayne Township.

Please fill out and return to Wayne Parks & Recreation Department – 475 Valley Road, Wayne, NJ 07470

Youth Bowling - Winter 2010

Name _____Address_____

Phone _____ Age _____ School _____

Check One: [ ] Bumper Bowling [ ] Regular Bowling

All Individual sign ups will be placed on team by T-Bowl Staff

If you would like to be placed on the same team with a friend(s), registration forms and payment ***must be received at the same time and submitted together*** (Limit of 4 Per Team)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Circle T-Shirt Size: **Youth:** Medium Large
Adult: Small Medium Large X-Large

I, the undersigned parent or authorized guardian of the above child, hereby grant permission for my child to participate in the Wayne Dept. of Parks and Recreation Youth Bowling and Pee Wee Bumper Bowling Program. I agree to hold harmless, the Wayne Dept. of Parks and Recreation and any of its assignees. I further understand that my own insurance company will be responsible for any bills for injuries that my child may suffer while participating in the above activity.

_____ _____

Parent's/Guardian Signature Date Email Address

NOT A SCHOOL SPONSORED ACTIVITY