



East Islip Lanes Presents

The Suffolk County PAL Junior Bowling Program

Choose Day & Time

<u>Day</u>	<u>Time</u>	<u>Starts</u>	<u>Day</u>	<u>Time</u>	<u>Starts</u>
Monday	4:30pm	3/17	Friday	4:30pm	3/21
Thursday	4:30pm	3/27	Saturday	10:00am & 11:45am	3/15

EVERY CHILD RECEIVES:

- ✓ **2 Games of Bowling Every Week!**
- ✓ **12 Weeks of Bowling!**
- ✓ **Lane Bumpers Available!**
- ✓ **Free Shoe & Equipment Rental!**
- ✓ **End of Season Awards!**

ONLY

\$12.00

Per Person Per Week

One Time Registration Fee of \$5.00

Plus Each Child Can Get Their Own Custom Drilled Ball For An Additional \$5.00 Per Person Per Week



117 East Main St. East Islip, NY 11730 631-581-6200

CALL BOWLING CENTER TO REGISTER
& BRING SIGNED FORM ALONG WITH
REGISTRATION FEE ON THE 1ST DAY OF BOWLING.

OFFICE USE ONLY

I.D. No. _____

Act. Code _____

Int. Code _____

Insurance _____

Sport _____ Year _____



Name _____

Address _____

Town _____ Zip _____

Phone _____ Date of Birth _____ Age _____

School District _____

-- Registration and Insurance Fees are Non-refundable --

I/We, the parents of the above named child, hereby give our consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

release, absolve, indemnify and agree to hold harmless the Police Athletic League, Inc., associated organizations, organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

Furthermore, I/w the parent (s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive,

I/We, agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter in as good condition as when received except normal wear and tear or pay equivalent cost.

Parent(s) Signature _____ Date _____

The distribution of this flyer by the School District is a courtesy extended to the activities of this non-profit organization, in no way does the District sponsor or accept responsibility for these activities.