

# **2026 BOWL-A-THON**

## **TEAM ENTRY FORM**

Conway Human Development Center, Volunteer Council  
150 East Siebenmorgen Road, Conway, AR. 72032  
501-329-6851

**TEAM NAME:** \_\_\_\_\_

Name:

Phone:

T-Shirt Size: ( circle one) S, M, L, XL, 2XL, 3XL, 4XL, 5XL

Youth: S, M, L

Name:

Phone:

T-Shirt Size: ( circle one) S, M, L, XL, 2XL, 3XL, 4XL, 5XL

Youth: S, M, L

Name:

Phone:

T-Shirt Size: ( circle one) S, M, L, XL, 2XL, 3XL, 4XL, 5XL

Youth: S, M, L

Name:

Phone:

T-Shirt Size: ( circle one) S, M, L, XL, 2XL, 3XL, 4XL, 5XL

Youth: S, M, L

Name:

Phone:

T-Shirt Size: ( circle one) S, M, L, XL, 2XL, 3XL, 4XL, 5XL

Youth: S, M, L

# BOWLER CONSENT FORM

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

In consideration of my acceptance of this form, I hereby for myself, my administrators, my heirs and assigns, waive and release any and all rights and claims for damages that I have against the organizers, their associates and representatives of this Benefit Bowl-a-Thon for any and all injuries suffered by me while taking part in this event. I grant permission to CHDC Volunteer Council to use my photographs, motion pictures, recordings or other record of this event including on social media for the Council legitimate purpose.

Bowler/ Parent Guardian (IF UNDER 18) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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