

Bowling Club Registration *Kids due 1/25, Adults due 1/14*



GENERAL INFORMATION

Participant Name:	First _____ Last _____	Parent's Name _____
Address:	Street _____ City _____	State _____ Zip _____
Email:	DOB: ____ / ____ / ____	Age: _____
Phone #:	Alt. Phone #: _____	
Emergency Contact	First _____ Last _____	Phone _____

CLUB INFORMATION

Indicate which club you would like to attend:

<input type="checkbox"/> Thursday	Adult/Couples	Jan 17- March 21	6:30-9pm	\$10/week/person* + \$3 shoe rental
<input type="checkbox"/> Saturdays	Kids	Jan 26 - March 16	9am-10:30	\$8/week/person* + \$3 shoe rental

PERSONAL BOWLING INFORMATION - LEVEL PLACEMENT

Have you ever bowled before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of last time bowled: ____ / ____ / ____
Preferred instruction? <input type="checkbox"/> Group <input type="checkbox"/> Individual	Previous Coaching <input type="checkbox"/> Yes <input type="checkbox"/> No

Rate your Skill Level:

Beginner Intermediate Advanced

Skill List, check all that apply

Pick up a ball Needs bumpers Roll a ball with 2 hands Swing a ball with one hand
 Know how to keep score Know bowling etiquette Standard approach (4 steps) Owns own equipment (ball, shoes, etc)
 Make adjustments

LIABILITY RELEASE

I hereby release Blackmor LLC, d.b.a. Wahooz Family Fun Zone and Pinz Bowling Center, its agents, employees and insurance carrier from any and all claims. I acknowledge that Pinz will not be held negligent or responsible for my involvement in Bowling Clubs and that I am entering the activity of my own free will. I also acknowledge that any medical bills are my responsibility.

Participant Signature (Parent Signature required for anyone under 18) _____

Date _____

PAYMENT INFORMATION

_____ Club \$ _____ *\$8 registration fee per child or per couple due with form TOTAL \$ _____	Billing Address: _____ City _____ State _____ Zip _____ Credit Card #: _____ Expiration Date: ____ / ____ 3 Digit CVV: ____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Employee _____ Date _____
	First Name _____ Last Name _____ Phone _____

Please return this form to: PINZ, Attn: Bowling Clubs, 400 W Overland Rd., Meridian, ID 83642 or fax to (208) 898-0300 or email to bowlingclubs@wahoozfunzone.com. Please include a check or credit card number for the \$8 registration fee per child, adult or couple. You can pay for bowling and shoe rental weekly or in full.