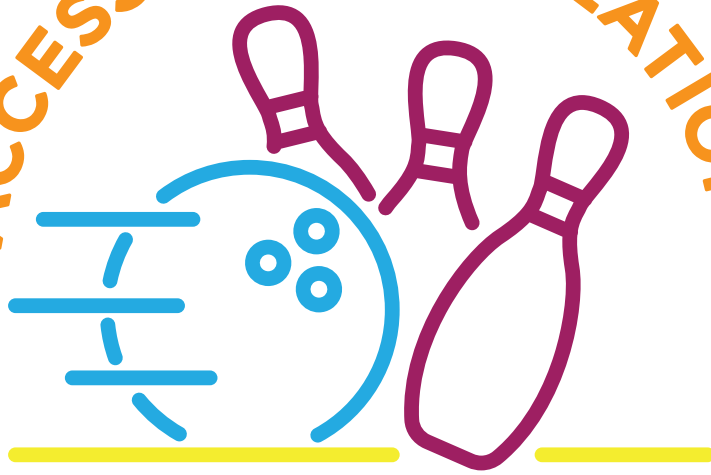


ACCESSIBLE RECREATION



BOWLING

SUMMER 2023

SESSION 1

June 5-July 3

Skip June 19

SESSION 2

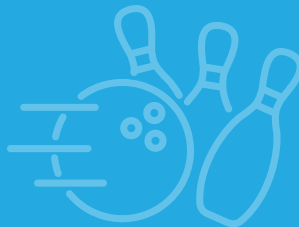
July 10-31

SESSION 3

Aug. 7-28

FOR MORE INFORMATION

- Call Cyrus at 417-837-5808
- Visit ParkBoard.org/AR
- Facebook.com/AccessibleRec



MAIL REGISTRATIONS TO:
Accessible Rec Bowling Program
305 E. Talmage • Springfield, MO 65803



Enjoy bowling while you meet new friends at **Park Board Bowling!**

This program consists of four-week sessions. Register for a full session or one game at a time. For bowlers ages 16 years and up with a disability. Open bowling and league play are offered for fun-filled competition!

TIME

Mondays, 3:30-5:30 p.m.

LOCATION

Enterprise Park Lanes
1625 S. Enterprise

FEE

\$10/Week

two games with shoes

-OR-

\$40/Session

two games/week with shoes



Transportation is not currently available. Make checks payable to Springfield-Greene County Park Board.

Bowling Registration Form

PARTICIPANT INFORMATION

PARTICIPANT NAME

BIRTHDATE

STREET ADDRESS

Please select one:

LEAGUE BOWLING

OPEN BOWLING

ZIP

PHONE

EMAIL ADDRESS

PARTICIPANT DIAGNOSIS

WHAT ASSISTANCE/ACCOMMODATIONS ARE NEEDED TO PARTICIPATE IN BOWLING?

HELP US GET TO KNOW YOU—BEHAVIORS, SOCIALIZATION, DIET, ALLERGIES, SEIZURES, ETC.

EMERGENCY MEDICAL INFORMATION/ DIRECTIVES

Please select shirt size

SMALL

MEDIUM

LARGE

XL

2XL

3XL

4XL

GUARDIAN NAME

GUARDIAN PHONE

EMERGENCY CONTACT INFORMATION

NAME

NAME

RELATION

HOME PHONE

CELL PHONE

RELATION

HOME PHONE

CELL PHONE

PAYMENT OPTIONS

Make checks payable to Springfield-Greene County Park Board.

Please select one:

WEEKLY PAYMENT (\$10/week)

-or-

SESSION PAYMENT (\$40/Session)

Initial please

_____ I give my permission for this participant to wait at the bowling alley unsupervised until I arrive to pick them up.

_____ This participant has permission to be photographed or videotaped for program promotion.

READ & SIGN: I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities.

SIGNATURE (PARENT OR GUARDIAN)

DATE

OFFICE USE ONLY

PAYMENT: \$

DATE RECEIVED:

RECEIVED BY:

RECEIVED ON:

RECEIVED BY:

RECEIPT #:

CASH

CHECK [CHECK #:]

CREDIT

VISA

MC

DISCOVER

AMEX