



MOMIJI HEALTH CARE SOCIETY'S 16TH FUNDRAISING BOWLATHON

Sunday, May 26th, 2024

Parkway Bowl, 67 Ellesmere Rd., Scarborough (5-Pin) 12:30 pm Check in
Kennedy Bowl, 2300 Lawrence Ave E., Scarborough (10-pin) 11:45 am Check in

IF YOU ARE REGISTERING A TEAM ONLINE USING THE LINK BELOW, THE CAPTAIN SHOULD REGISTER THE TEAM FIRST, THEN SEND THE LINK TO THE PLAYERS.
<https://www.canadahelps.org/en/charities/momiji-health-care-society/p2p/Bowlathon16/>

**SPONSORSHIPS ARE THE PRINCIPAL FUNDRAISING FOR THIS EVENT.
PLEASE INDICATE HOW YOU WOULD LIKE YOUR SPONSORSHIPS COUNTED:**
 INDIVIDUAL or **TEAM** (via CanadaHelps)

REGISTRATION & TEAM ROSTER SHEET
Registration Deadline: Friday, May 10th

Fees MUST accompany the Team Registration Form

Please Print

Team Name (or Captain's Name): _____

5 or 10-pin (circle one)

	\$20 Bowling Only	\$35 Bowling & Dinner	\$20 Extra Dinner Only	Age if under 16	TOTAL \$\$
Player 1 Name _____ Email or Phone # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 2 Name _____ Email or Phone # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 3 Name _____ Email or Phone # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 4 Name _____ Email or Phone # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Player 5 Name _____ Email or Phone # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: The order listed will be the line-up of the Bowlers on the lane

**TEAM
TOTAL \$**

**SPONSORSHIPS THAT YOU GATHER DETERMINE THE SUCCESS OF THIS FUNDRAISER
!! SPONSORSHIP PRIZES !!**