

32nd Annual Bowl for Breath **Rockin' Wii-kend** Registration Form

Choose all that apply

- I am an individual signing up for the bowling event at Cols. Square Bowling Palace \$40
- I am signing up a team (5 people) for the bowling event at Cols. Square Bowling Palace \$200
- I am an individual signing up for Wii Virtual Bowling \$15 (students \$10)
- I am signing up a team (4 people) for Wii Virtual Bowling \$60 (students \$40)

Total Amount I am paying \$ _____

Please fill out completely

Individual or Team Captain Name: _____ Phone Number: _____

Address _____ City / State / Zip: _____

Email: _____ Team Name (if applicable) _____

Name(s)	T-Shirt Size (M, L, XL, XXL)
1 (Team Captain)	
2	
3	
4	
5	



If you're coming to the alley, you'll receive your t-shirts day of. If you're a Wii bowler, we'll mail them to you at the address listed above!

*note, Wii teams consist of only 4 players

Note: Participants under 18 must have this form signed by a parent or legal guardian.

I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation (CFF) from all cost, expense and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or my child's person or property, which may be caused by any act or failure to act, by the Cystic Fibrosis Foundation, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event, and I hereby assume liability for any loss, damage or other liability from such event. Important—I give permission to the CFF to use any pictures, video footage, etc. that is taken at the walk to use in future promotional materials.

Name Signature/Signing on behalf of _____

Print

Sign

Date

(additional waivers for teammates must be completed, and can be found on the following page)

Please check one

- Enclosed is my check made payable to: **Cystic Fibrosis Foundation**
- I will pay my registration fee day of event (For Columbus Square bowlers only. Note: Paying in advance will reserve your lane)
- Please charge my credit card with the info below

CREDIT CARD PAYMENT: Visa MasterCard Discover AMEX

Card Number: _____ / _____ / _____ / _____ Exp. Date: _____ / _____ Phone: _____

Name on Card: _____ Signature: _____

Billing Address: _____ City/State/Zip: _____

Additional Waiver Forms. Simply include with registration form.

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