

**Access to Independence of Cortland County, Inc.
2018 Bowl-4-Abilities Registration Form**

Main Contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Bowler Details

Bowler Type: ___ Individual ___ Team

Number in Team (including you): _____

Team Member Names: _____

How much money do you hope to raise (circle your goal amount):

\$25 \$50 \$75 \$100 \$150 \$200 \$250+

____ I agree to raise money for Access to Independence and to bring all funds raised to Access to Independence or to the Bowl-4-Abilities event.

Signature: _____ Date: _____