



Bowl-a-Thon

Registration Form

**Special
Olympics
Connecticut**



Register Online at <http://soct.convio.net/bowlathon>

Team Name: _____

11 AM Session
10am registration

SOCT Program or
LETR Department (if applicable): _____

2 PM Session
1pm registration

Name	Address - Phone - E-mail		
Participant # 1 (Team Captain):	✉		
	☎		
	📠		
Participant # 2:	✉		
	☎		
	📠		
Participant # 3:	✉		
	☎		
	📠		
Participant # 4:	✉		
	☎		
	📠		

REGISTRATION FEES & INFORMATION

Minimum Donation \$200 per team
Additional donations graciously accepted
Please make checks payable to "SOCT"

Please submit completed registration forms to:

Special Olympics Connecticut
Attn: BOWL-A-THON
2666 State St, Ste 1
Hamden, CT 06517

Email: jackiet@soct.org
Fax: (203) 230-1202

Register online @
<http://soct.convio.net/bowlathon>

FOR OFFICE USE ONLY

1. Pre-Event Total \$ _____

2. Day of Cash \$ _____

Day of Check \$ _____

3. Grand Total \$ _____

Initials: _____

Lane #: _____



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Use this form to keep track of the money you collect from friends, family, co-workers & local businesses and as a tool to thank your supporters.

You do **not** need to turn this form in.

Bowler Name	Team Captain (if different)	Team Name
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Address	City	State	Zip	Phone
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NAME	ADDRESS OR EMAIL	PLEDGE AMOUNT	PD
TOTAL (Minimum \$200 per Team)		\$	

Please make checks payable to:
"Special Olympics Connecticut" or "SOCT"

Check Total	
Cash Total	
GRAND TOTAL	