

# Strike Out Heart Disease Bowl-A-Thon

**Jamestown Bowling Company 850 Foote Avenue  
Sunday, February 18**

**Sign-In & Basket Raffle 1:00 p.m., Bowling 2:00 p.m.**



**To Benefit: UPMC Chautauqua WCA Heart Center**

**Scotch Doubles Format: Register Individually or as a Team of Two  
\$15.00 per person for three games and bowling shoes  
(limited to first 96 bowlers registered)**

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Individual Bowler: \_\_\_\_\_ Team of Two: \_\_\_\_\_ (please indicate with X)

Name: Bowler #1 \_\_\_\_\_ ( \_\_\_\_\_ Child, needs bumper lane)

Name: Bowler #2 \_\_\_\_\_ ( \_\_\_\_\_ Child, needs bumper lane)

Team Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

T-Shirt's \$10 short sleeve \$15 long sleeve Child Size S M L XL Adult Size S M L XL XXL (Please add \$2 more for XXL +)

**Please Register By February 6th to receive a t-shirt**

**Waiver & Release Liability:** I, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby waive and release all claims against UPMC Chautauqua WCA, event sponsors, and all organizers/volunteers for all damages or injuries that may result from this event. I attest to be physically fit and prepared for this event. I also grant full permission for organizers to use photography of me in legitimate accounts and promotion of this event.

Signature(s): \_\_\_\_\_

**Bowl *In Honor of* or *In Memory of* a loved one because  
Heart Disease *Spare*s No Family!**

**Heart Tribute:** I have enclosed a \$ \_\_\_\_\_ donation (please circle one) *In Honor of* or *In Memory of*  
\_\_\_\_\_ whose name will be displayed within a heart at the event.

**Please make check payable to: UPMC Chautauqua WCA and drop off/mail completed Registration Form to:**

**UPMC Chautauqua WCA Office of Development, PO Box 840, Jamestown, NY 14702-0840**

**Questions?: Please call Cathy Caster (716) 664-8255**