



The 16th Annual

BRIDGE BOWLARAMA Returns!



Saturday, April 22, 2023

Hudson Bowling Center

Plaza 94 Shopping Center, 1801 Ward Ave, Hudson, WI 54016

Sponsored by: *The Hudson Knights of Columbus*



BRIDGE BOWLER Sign Up Form

Calling all Bowlers with Special Needs! This is BRIDGE's biggest Fundraiser!

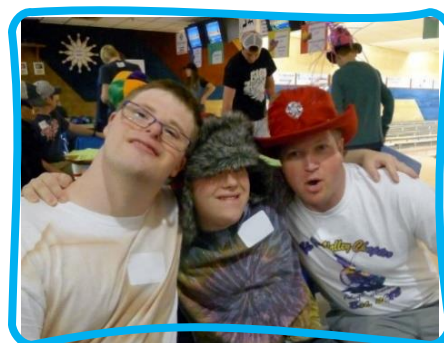
Come and join us on **Saturday, April 22nd** at the Hudson Bowling Center for our BOWLARAMA Fundraiser and enjoy delicious pizza and exciting prizes! The center is handicapped accessible and there will be bowling ramps on site.

BRIDGE BOWLERS will be assigned to a team unless you already have selected a team to join. All BRIDGE BOWLERS with disabilities must have **a chaperone 18 years old or older** accompany them during the event. If the chaperone would like to bowl with the BRIDGE Bowler, they are more than welcome to do so.

The event theme this year is EARTH DAY! Feel free to dress up for the theme.

There are 2 shifts available: 1:00pm - 2:30pm or 3:00pm - 4:30 pm

You can register a BRIDGE Bowler using the form below. We will contact you with more information once you have sent in your registration. We look forward to seeing you there. Please Mail completed form to: **BRIDGE, PO Box 1620, Hudson, WI 54016**



BRIDGE BOWLER Registration Form - BRIDGE Bowlers Register for FREE

Space is Limited. Sign Up Today!

BRIDGE Bowler requires (circle all that apply): *bumpers* *a bowling ball ramp* *regular bowling*

2 Shifts available- Circle your preference: *1:00 - 2:30 pm* *3:00 - 4:30 pm*

Check one: _____ *He/ She will be bowling on my team* _____ *(last name of team)*

_____ *I will not have a team. Please assign him/her to a team.*

BRIDGE Bowler Name: _____ **Age:** _____

Address: _____

Email (required): _____

Telephone: _____ **Photo Release Signature:** _____
(Photos for BRIDGE use only)

2 Fun Facts about your BRIDGE Beanie Player (Ex: Pet's names, Hobbies, Favorite Foods, etc.) :

1. _____

2. _____

All BRIDGE Bowlers with disabilities must have a chaperone 18 years old or older accompany them!

Chaperone Name: _____ **Relationship:** _____

Telephone/Cell: _____ **Chaperone would like to bowl (circle one):** Yes No

Please Mail completed form to: **BRIDGE, PO Box 1620, Hudson, WI 54016**