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**SATURDAY MARCH 14TH**



MAKE CHECKS PAYABLE TO  
DIRUPOBOWLING  
617 CHARLES FRANKLIN ST.  
MONROE, NC 28110

OR

SIGN UP ONLINE  
USE YOUR CREDIT CARD OR PAYPAL ACCOUNT  
DIRUPOBOWLING.COM

PAYMENTS DUE BY MARCH 6TH

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Mailing address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Any physical problems? \_\_\_\_\_

Years bowling? \_\_\_\_\_

**What would you most like to learn during the clinic**

\_\_\_\_\_  
\_\_\_\_\_



**Read and sign below**

I acknowledge that at the Bowling Clinic, the participant will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the bowling balls and the bowling alley, he/she may incur a risk of injury. I specifically waive, give up and release DiRupo Bowling Camps and staff, Ron Clifton, and/or the bowling facility and staff from liability for any claim for damages which the participant may have for injuries or illness that he/she may sustain at camp.

\_\_\_\_\_  
**Signed**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian signature**  
**if under 18**

**Date** \_\_\_\_\_



LOCATION



124 NORTH ANDERSON RD, ROCK HILL, SOUTH CAROLINA