



East Islip Lanes Presents

The Suffolk County PAL Junior Have A Ball Program

Choose Day & Time

Day	Time	Starts	Day	Time	Starts
Saturday	10:00am & 11:45am	2/1	Thursday	4:30pm	2/6
Monday	4:30pm	2/3	Friday	4:30pm	2/7

EVERY CHILD RECEIVES:

- ✓ FREE CUSTOM DRILLED BALL!
- ✓ Free Bowling Bag!
- ✓ 1 Hour of Recreational Bowling!
- ✓ 18 Weeks of Bowling!
- ✓ Lane Bumpers Available
- ✓ Free Shoe & Equipment Rental!

ONLY
\$11.50
Per Week
One Time Registration
Fee of \$5.00



117 East Main St. East Islip, NY 11730 631-581-6200

**CALL BOWLING CENTER TO REGISTER
& BRING SIGNED FORM ALONG WITH
REGISTRATION FEE ON THE 1ST DAY OF BOWLING.**

Sport _____ Year _____

OFFICE USE ONLY	
I.D. No.	_____
Act. Code	_____
Int. Code	_____
Insurance	_____



Name _____
 Address _____
 Town _____ Zip _____
 Phone _____ Date of Birth _____ Age _____
 School District _____

-- Registration and Insurance Fees are Non-refundable --

I/We, the parents of the above named child, hereby give our consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/w the parent (s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive,

release, absolve, indemnify and agree to hold harmless the Police Athletic League, Inc., associated organizations, organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of injury to my/our son/daughter, except to the extend and in the amount covered by accident or liability insurance.

I/We, agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter in as good condition as when received except normal wear and tear or pay equivalent cost.

Parent(s) Signature _____ Date _____

The distribution of this flyer by the School District is a courtesy extended to the activities of this non-profit organization, in no way does the District sponsor or accept responsibility for these activities

APPROVED