



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Bowling Clinic Summer 2018

- Ages 5-12, Boys and Girls
- Each session is 4 weeks
- 60 minute sessions
- Limited to 15 participants per session
- USA Learn to Bowl curriculum
- \$55 for Lincoln YMCA Family Members
- \$65 for Non-Lincoln YMCA Members
- T-Shirt and 2 free game coupons included



Session 1

- Sun Valley Lanes
- Sunday 3:00pm
- May 6, 13, 20 & 27
- **Deadline April 25**

Session 2

- Sun Valley Lanes
- Sunday 3:00pm
- June 3, 10, 17 & 24
- **OR**
- Parkway Lanes
- Wednesday 10:00am
- June 6, 13, 20 & 27
- **Deadline May 23**

Session 3

- Sun Valley Lanes
- Sunday 3:00pm
- July 8, 15, 22 & 29
- **Deadline June 27**

Registration available online at ymcalincoln.org
Online registration is encouraged due to the limited spots available in each time slot.

YMCA Youth Sports Office
Mon-Fri, 8am-5pm | 402-434-9217

YMCA Bowling Clinic - Summer 2018

Mail registration form to: YMCA Youth Sports, 570 Fallbrook Blvd. Suite 210, Lincoln, NE 68521

***Limited to 15 participants**

Online registration is encouraged due to the limited spots available in each time slot.

- | | | |
|-----------|-----------|-------------------------------------|
| Session 1 | \$65 ____ | Sun Valley (Sunday 3pm) ____ |
| Session 2 | \$65 ____ | Sun Valley (Sunday 3pm) ____ |
| Session 2 | \$65 ____ | Parkway Lanes (Wednesday 10am) ____ |
| Session 3 | \$65 ____ | Sun Valley (Sunday 3pm) ____ |

Select a t-shirt size:

- Youth:** Small ____ Med. ____ Large ____
Adult: Small ____ Med. ____ Large ____

Player Last Name _____ First Name _____ Gender _____ Birthday M/D/YR _____ School _____ Grade 2018/2019 _____

Parent Last Name _____ First Name _____ Birthday M/D/YR _____ **Parent** Last Name _____ First Name _____ Birthday M/D/YR _____

Address _____ City _____ State _____ Zip Code _____ Primary Phone _____ Secondary Phone _____

Primary Email Address _____

Secondary Email Address _____

Please complete below:

- ____ Registration Fee
____ \$10 deduction for a Lincoln YMCA Family Member
____ Donation to YMCA Families in Need (Optional)

\$ ____ Total Paid

Payment: Cash ____ Check ____ MC ____ VISA ____ DISC ____ AmEx ____

Card Number _____ Exp. Date _____

Card Holder's Signature _____