



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Bowling Clinic

## Winter 2018

- Ages 5-12, Boys and Girls
- Tuesday evenings for 4 weeks
- February 6, 13, 20 and 27
- 60 minute sessions
- 6:00pm
- Limited to 15 spots per hour
- 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



**Registration available online at  
ymcalincoln.org**

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

**Registration Deadline January 26, 2018**

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

### 3 Locations to choose from:

Parkway Lanes, 2555 S. 48th St.  
Hollywood Bowl, 920 N. 48th St.  
Sun Valley Lanes, 321 Victory Ln.

## YMCA Bowling Clinic - Winter 2018

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

**\*Limited to 15 participants per time slot, per location.**

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

### 1. Time

6:00pm \$65 \_\_\_\_

### 2. Location

Parkway Lanes \_\_\_\_

Hollywood Bowl \_\_\_\_

Sun Valley Lanes \_\_\_\_

### 3. T-Shirt Size

Youth: Small 6/8 \_\_\_\_ Med. 10/12 \_\_\_\_ Large 14-16 \_\_\_\_

Adult: Small \_\_\_\_ Med. \_\_\_\_ Large \_\_\_\_

**Player** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday M/D/YR \_\_\_\_\_ School \_\_\_\_\_ Grade 2017/2018 \_\_\_\_\_

**Father** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthday M/D/YR \_\_\_\_\_ **Mother** 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  
\_\_\_\_ \$10.00 deduction can be taken if a Lincoln YMCA Family Member  
\_\_\_\_ Donation to YMCA Families in Need (Optional)

**\$ \_\_\_\_ Total Paid**

Payment: Cash \_\_\_\_ Check \_\_\_\_ MC \_\_\_\_ VISA \_\_\_\_ DISC \_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_