




# NEW DANVILLE LANCASTER MENNONITE After School Bowling Program

## Meets on Tuesdays (Three 10-Week Sessions)

Attend all 3 sessions & get a **FREE BOWLING BALL!**  
A \$60 value. Cost of drilling and sizing not included.



**REGISTER TODAY BY COMPLETING FORM ON BACK**

- Session 1** September 13 - November 22
- Session 2** November 29 - February 14
- Session 3** February 21 - May 2

## FAQ's

All weeks must be paid for even if your child is absent. Refunds will not be given for any reason.

### What is the schedule when the students arrive at Rocky Springs?

- Students will be picked up upon dismissal from school by the Rocky Springs bus and transported to Rocky Springs.
- Students will be served a healthy snack and will work on homework for 20-30 minutes.
- Students will receive a 15-minute bowling lesson from the instructor.
- Students will have time to practice the techniques and bowl for incentives.
- At the end of each 10-week session, children will have a Glow Bowl Pizza Party.
- Parents/Guardians pick up children at Rocky Springs at 5:30pm.

**If the school is closed early or is canceled, there will be no bowling. No School=No Bowling.**

- If we must cancel for snow, we will add a day to the end of the session if possible. Otherwise we'll reimburse for the missed week.
- If you child is not absent from school and will NOT be bowling, please send a note to the school and call Rocky Springs at 717-394-6162.
- Unruly children will be removed from the program.
- Checks must include the signer's valid drivers license number. (A \$25 fee will be charged for returned checks.)
- Snack cards may be used by students for any purchases not included in the bowling program price. Parents may add a dollar amount to this card so students will not have to carry money to school.
- We will not guarantee the Suite. If we have an event, the students will be on the lanes outside the Suite.



# New Danville Bowling Program

Complete this form and mail it along with registration fee to:  
Rocky Springs Entertainment Center 1495 Millport Road Lancaster, PA 17602  
or register by phone at 717-394-6162.

## Contact Information

### Participant #1 Information

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Parent's Comments/Concerns/Food Allergies: (ex: shy, no dyes, no sugars, disabilities, handicap needs, allergic to nuts etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Male Female Shoe Size: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### Participant #2 Information

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Parent's Comments/Concerns/Food Allergies: (ex: shy, no dyes, no sugars, disabilities, handicap needs, allergic to nuts etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Male Female Shoe Size: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### Participant #3 Information

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Parent's Comments/Concerns/Food Allergies: (ex: shy, no dyes, no sugars, disabilities, handicap needs, allergic to nuts etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Male Female Shoe Size: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

## Payment Plan Options

### 3-Payment Plan

Only \$13.00 per week + \$20.00 registration fee per session

Plan Details:

Payment 1: \$50.00 (Due with this registration form prior to start date)

Payment 2: \$50.00 (Due by week 3)

Payment 3: \$50.00 (Due by week 6)

### Pay-In-Full Plan

Only \$10.00 per week + \$20.00 registration fee per session

Plan Details:

1 Payment of \$120.00 (Due with this registration form prior to start date)

Price includes weekly fee and registration fee.

## Contact Information

### Mother/Guardian Contact Information

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Father/Guardian Contact Information

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Signature of Responsible Party

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who is able to pick up my child: \_\_\_\_\_

Emergency Contact other than Parents/Guardian:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Snack Card

If you would like your child to receive a snack card for use inside the center for snack bar items, please let us know the amount you'd like to place on the card: \$ \_\_\_\_\_

### Bowling Center Use Only:

Payment Amt: \$ \_\_\_\_\_

(Optional) Locker Payment: \$ \_\_\_\_\_  
\$8/Session or \$24/Year

(Optional) Snack Card: \$ \_\_\_\_\_

Total Amt Paid: \$ \_\_\_\_\_

Payment 1: \_\_\_\_\_

Payment 2: \_\_\_\_\_

Payment 3: \_\_\_\_\_

Cash, Visa, MC, Discover

Check#: \_\_\_\_\_

Date Received: \_\_\_\_\_

Employee Initials: \_\_\_\_\_