



SMOKETOWN

After School Bowling Program

Meets on Thursdays
(Three 10-Week Sessions)

Attend all 3 sessions and 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 15 - November 17
- Session 2** December 1 - February 16* *Off 12/22
- Session 3** February 23 - May 4* *Off 4/13

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.



Smoketown 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 1: _____
	Payment 2: _____
	Payment 3: _____
	Cash, Visa, MC, Discover
	Check#: _____
	Date Received: _____
Payment Amt: \$ _____	Employee Initials: _____
(Optional) Locker Payment: \$ _____	
\$8/Session or \$24/Year	
(Optional) Snack Card: \$ _____	
Total Amt Paid: \$ _____	