

The 3rd Annual Assembly/Senate
HONORING OUR VETERANS

BOWL-A-THON 2017

SIGN-UP FORM

Please call VMC at 518.486.8398 for any questions about this form.

Name _____

Company _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Phone Number (____) _____ **E-mail** _____

Please check all that apply:

_____ I would like to sponsor a 4-player bowling lane (\$500)

_____ I do not want to sponsor a lane; I want to pay
\$125 for each player listed below

_____ I would like to pay by credit card; here are my details:

Card number _____ **Exp. Date** _____

Name on Card _____ **Security Code** _____

_____ I would like to pay by check (payable to Veterans Miracle Center)
(please note in memo field what payment is for)

Please list first and last names of all bowlers:

If paying by check, mail to:

Veterans Miracle Center
Attn: Bowling Tournament Registration
10 Interstate Ave.
Albany, NY 12205