

O5PBA BOWLING SCHOOL SPORT PROMOTION ACKNOWLEDGEMENT FORM

STUDENT NAME (PLEASE PRINT)
As a registered participant in the O5PBA Bowling School, I agree to allow the O5PBA to use my likeness and my personal bowling statistics for the promotion of the sport of 5 pin bowling in connection with this complete event.
NAME OF PARENT/GUARDIAN – (PLEASE PRINT)
SIGNATURE OF PARENT/GUARDIAN - DATE