BIAPH
Brain Injury Association of Peel and Halton

10th Annual Bowl-a-thon

Thursday February 26, 2015 - 6:30pm - 9:00pm
Classic Bowl, 3055 Dundas Street West, Mississauga, On L5L 3R8

BOWLER REGISTRATION FORM

* Join as a team or individually *

#	**Team Name: (if applicable)**	**CONTACT NUMBER** and **EMAIL ADDRESS**	**REGISTRATION COST**
1.	Player Name: (Last Name, First Name)		[ ] $ 25.00
2.			[ ] $ 25.00
3.			[ ] $ 25.00
4.			[ ] $ 25.00
5.			[ ] $ 25.00
6.			[ ] $ 25.00

**** PAYMENT MUST ACCOMPANY BOWLER REGISTRATIONS ****

Please **scan & email** your completed bowler registration form to: jorun.rucels@biaph.com

on or before February 13, 2015

Payment Amount	$	[ ] VISA [ ] MasterCard	
Name of Card Holder			
Credit Card #	- - -		
Expiry Date:	_____ / _____	CSV:	___ ___ ___ (3 digit code on back of card)
Signature			

Please make cheques payable to **"Brain Injury Association of Peel & Halton"** and mail to:
P.O. BOX 47038, Sheridan Mall PO,
Mississauga, ON L5K 2P0

BIAPH Registered Charitable # 13660 9450 RR0001