

**INSTITUTE OF EQUESTRIAN THERAPY**

**1<sup>st</sup> Annual Bowl-A-Thon**

**May 31<sup>st</sup> 5:30PM**

**Brunswick Lanes**

**5255 Cochran Simi Valley, CA**

**REGISTRATION FORM**

(One form per participant-Registration may also be completed the day of the event)

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

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

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

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

Registration \$20.00

Children under 6 Free

Max. Family Fee (family of 4) \$60.00

(All entry fees waived with \$100+ in donations)

**PLEASE REGISTER ME FOR THE 1<sup>ST</sup> ANNUAL IET BOWL-A-THON**

I have enclosed my check for the amount of \$ \_\_\_\_\_

In addition to bowling I would like to volunteer

I cannot attend, but would like to make a tax-deductible donation of \$ \_\_\_\_\_

**Waiver:** (Each adult participant must sign. Participants under 18 years of age must have this form signed by a parent of guardian) - the undersigned agrees to indemnify and hold harmless the Institute of Equestrian Therapy and its volunteers, and staff members, from all costs, expenses, and liability arising out of my or my children's participation in this event to benefit IET. I do hereby waive all claims for damage or loss to me or my children's person or property which may be caused by and act or a failure to act by IET, its officers, agents or employees arising directly or indirectly from my or my children's participation in this event; and hereby assume liability for any loss, damage, or other liability from such event. I grant full permission for organizers to use photos, videos etc or any record of this event, in which I, or my children, may appear for any legitimate purpose.

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

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

**Parent/Guardian Signature (f under 18)**

(Please mail completed form and entry fees to IET PO Box 1394 Simi Valley, CA 93062)

**MY GOAL IS TO RAISE \$ \_\_\_\_\_ FOR EQUESTRIAN THERAPY**

**Sponsors pledge money for each point bowled by participant.**

FUND-RAISING TIPS: Set a goal ♦ Sign up at least one new sponsor each day ♦ Start a team ♦ Use your e-mail & Myspace ♦ Contact friends, and co-workers and ask them to sponsor you. Ask them to contact others for sponsorships ♦ Ask your company if they have a matching funds program ♦ Challenge everyone to match what you raise ♦ Follow up with everyone you contact ♦ .

**Bowler's Name:** \_\_\_\_\_

**In Honor/Memory of:** \_\_\_\_\_

Sponsors Name	Address/City/Phone	Pledge per point
1. _____	_____	_____
	Phone _____	\$ ____
2. _____	_____	_____
	Phone _____	\$ ____
3. _____	_____	_____
	Phone _____	\$ ____
4. _____	_____	_____
	Phone _____	\$ ____
5. _____	_____	_____
	Phone _____	\$ ____
6. _____	_____	_____
	Phone _____	\$ ____

**For additional Sponsors please complete a second registration**