



Sunday, April 6, 2025

2 PM - 5 PM

Pike Lanes

121 Second Street Pike, Southampton, PA



## Bowling Team Registration Form

Your Name \_\_\_\_\_ Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City, ST Zip \_\_\_\_\_

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

**YOU MUST REGISTER BY 4/1/25!**

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

Team Captain: \_\_\_\_\_

Bowler 2: \_\_\_\_\_

Bowler 3: \_\_\_\_\_

Bowler 4: \_\_\_\_\_

Bowler 5: \_\_\_\_\_

Bowler 6: \_\_\_\_\_

Bowler 7: \_\_\_\_\_

Bowler 8: \_\_\_\_\_

**You can also register online:**

[www.healthlinkdental.org/bowling](http://www.healthlinkdental.org/bowling)

**This event is family friendly... all ages welcome!**

**BYOBS (Bring Your Own Beverages and Snacks)**

### Registration Options

I am registering \_\_\_ bowlers at \$50 each for a total of \$\_\_\_\_\_.

OR

I am registering all 8 bowlers at once for a total of \$350 (8 bowlers for the price of 7!)

### Payment Options

Check Enclosed (Amount: \$\_\_\_\_\_)

*Make payable to: HealthLink Dental Clinic*

Credit Card (Please charge my card in the amount of \$\_\_\_\_\_)

Visa  Mastercard  Discover  Am Ex

Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_

If you have questions or comments, please contact Jenny Salisbury, Executive Director, at [jsalisbury@healthlinkdental.org](mailto:jsalisbury@healthlinkdental.org) or (267) 699-0120.

**Return this completed form with your registration fee to:**

HealthLink Dental Clinic  
Attn: Spare a Smile  
444 N. York Rd., Ste B3  
Hatboro, PA 19040

