



Bowl-a-Thon

Registration Form

Special
Olympics
Connecticut



Register Online at <http://www.soct.org/calendar/>

Team Name: _____

11 AM Session
10am registration

SOCT Program or
LETR Department (if applicable): _____

2 PM Session
1pm registration

Name	Address - Phone - E-mail		
Participant # 1 (Team Captain):	✉		
	☎		
	📧		
Participant # 2:	✉		
	☎		
	📧		
Participant # 3:	✉		
	☎		
	📧		
Participant # 4:	✉		
	☎		
	📧		

REGISTRATION FEES & INFORMATION

Minimum Donation \$200 per team
Additional donations graciously accepted
Please make checks payable to "SOCT"

Please submit completed registration forms to:

Special Olympics Connecticut
Attn: BOWL-A-THON
2666 State St, Ste 1
Hamden, CT 06517

Email: jackiet@soct.org
Fax: (203) 230-1202

Register online @
www.soct.org

FOR OFFICE USE ONLY

Pre-Event Cash: \$ _____

Check: \$ _____

Online: \$ _____

Day Of Cash: \$ _____

Check: \$ _____

Grand Total \$ _____

Initials: _____ Lane: _____

