



# DREAM PROGRAM

## UNIFIED BOWLING REGISTRATION

JULY 9TH—AUGUST 20TH  
SPANISH TRAIL LANES | GAUTIER, MS  
6-8PM

2 GAMES EACH MONDAY NIGHT | ARRIVE @ 5:45PM FOR LANE ASSIGNMENT

### APPLICANT

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH *EX: 00/00/0000* \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

CIRCLE ONE:

**\*\* ATHLETE**  
=DISABILITY

**PARTICIPANT**  
=NO DISABILITY

**NEED BUMPERS?**

CIRCLE ONE:

**YES NO**

**ATHLETE/PARTICIPANT LIKE TO BOWL WITH:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*NOT GUARANTEED TO BOWL WITH SUGGESTED  
ATHLETE/PARTICIPANT*

TYPE OF DISABILITY \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

### EMERGENCY CONTACT INFO

*PARENT, GUARDIAN OR SUPPORT AGENCY*

CONTACT NAME \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**\*\*MAKE SURE YOU HAVE AN ATHLETE REGISTRATION AND WAIVER ON FILE WITH DREAM PROGRAM.**

*Please mail this form to:*  
**DREAM Program**  
P.O. Box 2040 | Gautier, MS 39553

Contact Billy Dungan with any questions or concerns:  
**228.471.5054** or **bdungan@dreamprogram.net**