Kids' Chance of MS

Let's Bowl for the Kids! Registration Form

Team Captain Name: _____

Bowler 2 Name: (Optional)_____

Bowler 3 Name: (Optional)_____

Bowler 4 Name: (Optional)_____

Bowler 5 Name: (Optional)_____

Team Name: _____

Address: _____

City,State,Zip: _____

Captain Phone: _____ Captain Email: _____

Company Name for Sponsorship: _____

☐ **Team of 5 and Lane Sponsor Combo $1000**

Logo on all signage and event page of the KCMS website. Social media recognition. Team of 5 bowlers

☐ **Happy Hour Sponsor $1000** (Only 5 available)

Logo on all signage and event page of the KCMS website. Additional printed signage by bar. Social media recognition.. 5 Entry Donations (to get in the door)

☐ **DJ Sponsor $1000** (Only 1 available)

Logo on all signage and event page of the KCMS website. Social media recognition. 2 Entry Donations (to get in the door)

☐ **Prize Sponsor $1000** (Only 1 available)

Logo on all signage, event page of the KCMS website and logo on awards. Social media recognition. 1 Entry Donation (to get in the door)

☐ **Lane Sponsor $500**

Logo on all signage and event page of the KCMS website. 1 Entry Donation (to get in the door)

Entry Donations $20 each. Number of tickets needed: ____ x $20 = _____

All attendees must have an ***Entry Donation*** to get in the door; NON bowling guests MUST purchase an Entry Donation to enter.

I/We can't be there but "PIN" me in for a donation and y'all have fun! $ _____

Enclosed is my check made payable to KCMS in the amount of $ _____

☐ Yes, please send me a receipt of this contribution for tax purposes.

OR sign up online: www.kidschancems.org/events

Mail Registration Form and Check for Payment to:

Kids' Chance of Mississippi
Po Box 5300 / Jackson, MS 39296

Pay by Credit Card? Email form to:

info@kidschancems.org
Molly Staley - mstaley@capitalortho.com