



*Hamilton Police Athletic League, Inc.*

*Sponsored by*

*Hamilton Township P.B.A. No. 66*

*PO Box 3081 - Mercerville, NJ 08619*

*Telephone (609) 888-2600*

**Hamilton P.A.L.  
Bowling Registration**

**Parent Consent Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I hereby grant permission for my daughter to participate in the Hamilton PAL Bowling Program.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date