

Ask your Mom if you can spend the night.

Here's an event that's worth staying up for.

Bowl-ero Lanes' All-night Holiday Lock-in Party!

Just don't be the first to fall asleep.

**More dates!
More fun!
Less sleep!**

For ages 9 to 15 years old.

There will be plenty of Rock n' bowling, music, games, prizes, pizza, soft drinks, donuts, juice and more.

**\$15 prepaid.
\$20 at the door.**

Midnight to 6:00 a.m.

All in a safe, adult-supervised smoke-free and family-friendly environment.



**Bowl-ero Lanes' kid's upcoming all-night lock-in dates:
August 9, September 6, December 20, January 3, February 14, May 30**

Please print clearly

Name _____ Birthdate ____ / ____ / ____

Address _____ City _____

State _____ Zip _____ School _____

Parent(s) Name(s) _____

Phone (____) _____ Alt. Phone (____) _____

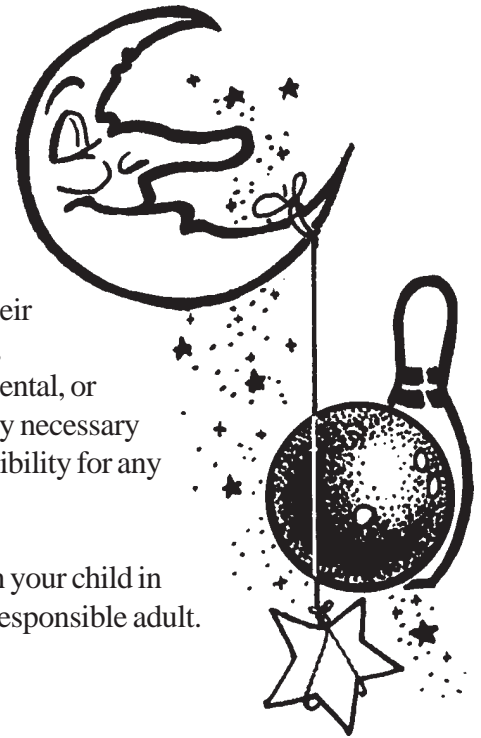
Parent permission slip and medical release form required.

Paid (amount): _____ Employee: _____ Date: _____

Bowl-ero Lanes * 5480 W. Alameda Ave. * Lakewood, CO 80226 * (303) 922-1125 * www.Bowl-ero.com



Bowl-ero Lanes' All-Night Lock-in Parental Consent Form and Medical Treatment Authorization



I hereby give my permission for my child _____ to participate in the Bowl-ero Lanes All Night Lock-in. In the event of injury, illness or emergency, I hereby authorize Bowl-ero Lanes and/or their agents and employees to secure medical care and treatment for my child, including, but not limited to an X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care as deemed reasonably necessary for the safety and welfare of my child. I agree to assume financial responsibility for any resulting medical charges.

A parent, legal guardian or other responsible adult will be required to sign your child in and out. No child will be allowed to leave without a parent, guardian or responsible adult.

Please circle A, B, C and/or D:

A. My child has no special problems or medical needs of which the staff of Bowl-ero Lanes should be aware.

B. My child is in need of special care:

Medication _____

Other _____

C. Food or drink that my child should NOT receive: _____

D. Any allergies: _____

I fully understand that my child is required to follow all rules and requirements governing conduct, safety and behavior during the Lock-in. I hereby acknowledge that if my child is determined to be in violation of these behavior standards he/she will be sent home. I, the undersigned, hereby agree to release, hold harmless, indemnify and waive all claims against Bowl-ero Lanes, its related companies and/or its agents and employees for any claims, lawsuits and/or demands in any way related to or arising from my child's presence on the premises.

Parent/Legal Guardian signature _____ Date _____

Home phone _____ Cell phone _____