



BOY SCOUTS
OF AMERICA®
MISSISSIPPI VALLEY COUNCIL

B OWLING FUNdraiser

Supporting Scouts and Kids in Lee County



Bowling Times:

- 3:45 – 5:00
- 5:00 – 6:15
- 6:15 – 7:30
- 7:30 – 8:45

Arrive on Time to Allow for
Your Full Hour of Bowling

21st Annual Bowling FUNdraiser 80's Theme

Friday,
May 3rd

Arrowhead
Bowl



Register your team at <https://www.mississippivalleybsa.org/events/2019-bowling-fundraiser/>

Or email rosanna.voss@scouting.org
or call Rosanna at the Boy Scout Office (217)224-0204

Mississippi Valley Council, Boy Scouts of America

21st Annual Bowling Fundraiser – 80's Theme

RSVP by: April 26, 2019

Mail, email, or drop off your response and payment to:
Mississippi Valley Council, BSA, 2336 Oak St, Quincy, IL 62301
Mississippi Valley Council, BSA, 3007 Flint Hills Dr, Burlington, IA 52601
217-224-0204 heather.huebner@scouting.org

Name: _____ Company: _____
Address: _____ City: _____ State: ___ Zip: _____
Day Phone: _____ E-mail: _____

Bowling Team Packages

All Bowlers Get One Hour Bowling, Shoe Rental, Pizza & Soda. A portion of your contribution is tax deductible.

- \$350 Kingpin Team – Bowling Team, Lane Sponsorship, Shout out, Eblast to all 2,600 Scouting Families
- \$250 Campership Team – Bowling Team & Lane Sponsorship – a portion will go to assist camping fees for at-risk youth
- \$100 Team - 5 Bowlers
- \$25 Individual Bowler

I am unable to attend, but my donation to support local youth is enclosed. \$ _____

TOTAL \$ _____

- Enclosed please find my check (made payable to the Mississippi Valley Council).
- Please charge the following credit card: ___ American Express ___ Discover ___ MasterCard ___ Visa

Card #: _____ Exp. Date: ____ / ____ CVC# ____

Name on Card: _____

Billing Address of Card: _____

Signature: _____

Name of Bowler 1: _____

Address: _____

City: _____ State: ___ Zip _____

Telephone: _____

Email: _____

Name of Bowler 2: _____

Address: _____

City: _____ State: ___ Zip _____

Telephone: _____

Email: _____

Name of Bowler 3: _____

Address: _____

City: _____ State: ___ Zip _____

Telephone: _____

Email: _____

Name of Bowler 4: _____

Address: _____

City: _____ State: ___ Zip _____

Telephone: _____

Email: _____

Name of Bowler 5: _____

Address: _____

City: _____ State: ___ Zip _____

Telephone: _____

Email: _____

PLEASE CIRCLE DESIRED BOWLING TIME SLOT

3:45 PM – 5:00 PM

6:15 PM – 7:30 PM

5:00 PM – 6:15 PM

7:30 PM – 8:45 PM