

### Tuesday Bowling Program 3:30 – 6:00PM

March 24,31, April 7,14,28 May 5,12,19,26, June 2

For students in Lexington High School rooms: 821, 822, 825, Bedford High, Belmont High, Burlington High and Career Directions. Students will be transported to the Woburn Bowladrome.

Students will receive instruction on the approach, counting balls thrown, and counting pins knocked down. This activity will include dinner each week, (pizza, salad & drinks).  
\$230.00 per student.



### Wednesday Recreation Activities 3:30 – 5:00PM

March 25, April 1,8,15,29 May 6,13,20,27, June 3

For students in middle and high school classes.

**Walking Club:** Students have to be able to walk nonstop for at least 1 mile, even in drizzle. Space for 20 students in this class. \$100.00 per student.



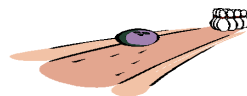
### Thursday Bowling Program 3:30 – 6:00PM

March 5,12,26 April 2,9,16,30 May 14,21,28

No class on March 19, April 23, May 7.

For students in Arlington High, Lexington High School rooms: 504, 632, 704, 715, 826 and Middle School Programs. Students will be transported to Woburn Bowladrome.

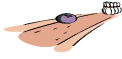
Students will receive instruction on the approach, counting balls thrown, and counting pins knocked down. This activity will include dinner each week (pizza, salad & drinks).  
\$230.00 per student





**Please return forms by February 10th to:  
Paula Rizzo c/o Lexington High School, 251 Waltham St. Lexington, MA 02421**



### Tuesday & Thursday Bowling




 I would like my student to bowl at the Woburn Bowladrome. I will arrange pick up for my student at the posted times. Please check your student's class assignment before signing up for Tuesday or Thursday.

 Student's Name \_\_\_\_\_ Please circle correct day Tuesday or Thursday

 Parent signature: \_\_\_\_\_

 Cell # of person picking student up: \_\_\_\_\_

 Parent's e-mail Address: \_\_\_\_\_


 Parent Signature: \_\_\_\_\_



### Wednesday Recreation Activities

 I would like my student to be enrolled in the Wednesday After School Program

 Student's Name: \_\_\_\_\_

 Cell # of person picking student up: \_\_\_\_\_

 Parent's e-mail Address: \_\_\_\_\_

 Parent Signature: \_\_\_\_\_

- Please write in activity choice  
1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_