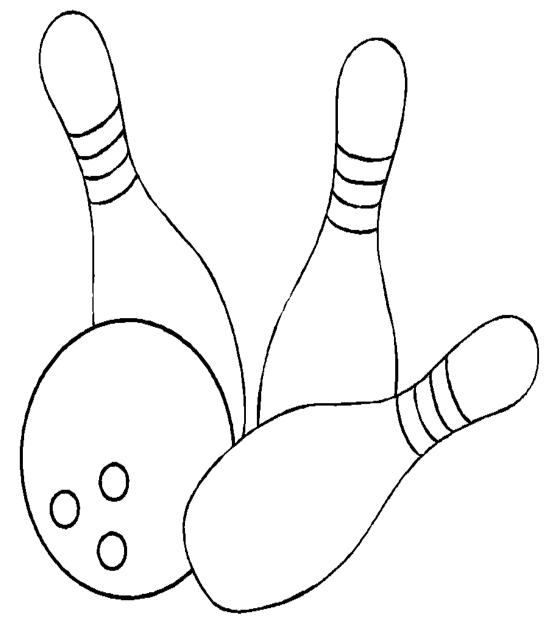
## ROOSEVELT LANES



NAME:					
   ADDRESS:					
I I					
PHONE #:_					
EMAIL:					
I PRESENT	THIS SHEET COLORED IN, A	ND RECEIVE 1 FRE	E GAME OF OPE	N BOWLING	<b>3!</b>
-   *LIMIT ONE	PER PERSON PER DAY THI	S FORM MUST RE FI	LLED OUT IN FULL	AND PRESEN	TFD

TO CASHIER.