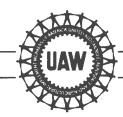
UAW Region 9, Buffalo Office

35 George Karl Boulevard, Suite 100 Amherst, New York 14221 PHONE: (716) 632-1540 REGION9.UAW.ORG



INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA - UAW

RAY CURRY, *PRESIDENT* • MARGARET MOCK, *SECRETARY-TREASURER*VICE-PRESIDENTS: CHUCK BROWNING • MIKE BOOTH • RICH BOYER

February 24, 2023

To: UAW Region 9 Local Union Presidents and RWC Chairpersons

Greetings:

UAW Region 9 is proud to announce the 2023 Bowling Tournament.

This year's event will take place on Saturday, April 15 & Sunday, April 16, 2023 at the following location:

Greengarden Lanes 1583 W. 38th Street Erie, PA 16508

The team event will consist of five (5) member teams. We will also be hosting Singles events and based on feedback from the last tournament a doubles event. The Team Event will be \$35 a participant, Singles Event will be \$35 per participant and the Doubles Event will be \$30 per participant. Winners of the Team and Singles events will qualify for the International Union, UAW Finals Bowling Championship Tournament to be held at Thunderbowl Lanes, 4200 Allen Road, Allen Park, MI 48101 on Saturday May 20, 2023.

Team Event will be at 11 a.m. on Saturday, April 15th followed by a reception for all participants at the Saga Club, 3828 Washington Avenue, Erie, PA 16509. The Singles & Doubles events will be at 10 am on Sunday April 16th.

If hotel accommodations are needed, please use this link to reserve a room:

https://www.hilton.com/en/book/reservation/deeplink/?ctyhocn=ERIBFHX&groupCode=CHHUAW&arrivaldate=20 23-04-14&departuredate=2023-04-6&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT

Entry forms are enclosed along with bowler information & release forms (In addition, entry forms will ask for your t-shirt size) they can also be obtained on the UAW Region 9 website. All entries must be paid in full when submitting your entries. All checks should be made out to the UAW Region 9 Bowling Tournament. Deadline to submit entries is Thursday, April 6, 2023... To submit an entry please send to UAW Region 9 Bowling Tournament, 35 George Karl Blvd, Amherst, NY 14221.

In solidarity,

Lauren Farrell, Assistant Director

UAW Region 9

LF:das/opeiu494afl-cio

Enclosures



UAW Region 9 Staff & Clerical
UAW Region 9 Local Union Recording Secretaries

BOWLER INFORMATION AND RELEASE FORM

Tournament: (check one):	Regional Qualifier UAW International Bowling Finals
Full Name	
Mailing Address	
City, State, Zip	
Email	
Phone	
Local Union Number	
Region	
Team Captain Name	
Membership Status (select):	Active UAW Member Retired UAW Member Spouse/Partner
USBC Number (leave blank if you do not have one)	I am a substitute bowler: Yes
Release of Liability	
Must check to be eligible to	participate.*
UAW Bowling Finals, s International Union, UA injuries resulting from i	eptance to participate in the UAW Regional Bowling Tournament and the International should my team advance, I do hereby for myself, my heirs, and representatives, release the AW and its officers, employees and agents from any and all responsibility or liabilities from my participation in the tournament, including those caused by negligent acts or omissions of d or others acting on their behalf.
I acknowledge I have բ Release of Liability.	provided the above captioned individual eligibility information and read and agree to this
Family Information	
Will you be bringing children to bowler lunch? Please indicate	participate in the Cosmic Glo-Bowl, Arcade game area, or other family members to the the number of each below.
Adults: Childre	en:

Single Bowler Entry Form for Region 9 Tournament

Please fill out your contact information below. You are also responsible for completing a separate Bowler Information and Release form.

Cell Phone	eir spouse/partner. Consult	rnament and Release form.	Cell Phone	their spouse/partner. Consult
Email	I, as the local union financial secretary, certify that the player above is a bona fide active or retired member or their spouse/partner. Consult with your Region for the registration fee(s) for the Regional Tournament. Local:	Double Bowler Entry Form for Region 9 Tournament Nease fill out your contact information below. You are also responsible for completing a separate Bowler Information and Release form.	Email	I, as the local union financial secretary, certify that the players above are a bona fide active or retired member or their spouse/partner. Consult with your Region for the registration fee(s) for the Regional Tournament. Local:
Last Name	ecretary, certify that the player above is a ation fee(s) for the Regional Tournament.	er Entry Form for on below. You are also responsible for or	Last Name	ation fee(s) for the Regional Tournament. T-shirt Size: \Box \Box \Box \Box \Box \Box \Box \Box
First Name	I, as the local union financial secretary, certify with your Region for the registration fee(s) for Name:	Double Bowler Ent	First Name	I, as the local union financial secretary, certify with your Region for the registration fee(s) for Name:

Team Entry Form for Region 9 Tournament

Please fill out the team's contact information. Each team member is also responsible for completing a separate Bowler Information and Release form.

Team Member 1 - Captain First Name	Last Name	Email	Cell Phone	Г
Team Member 2		: :		
First Name	Last Name	Email	Cell Phone	
Team Member 3				
First Name	Last Name	Email	Cell Phone	Г
Team Member 4				
First Name	Last Name	Email	Cell Phone	Г
Team Member 5				
First Name	Last Name	Email	Cell Phone	Г
I, as the local union financial secretary, certify with your Region for the registration fee(s) for	ecretary, certify that the players above are ration fee(s) for the Regional Tournament.	e are bona fide active or retired r nent.	I, as the local union financial secretary, certify that the players above are bona fide active or retired members or their spouse/partner. Consult with your Region for the registration fee(s) for the Regional Tournament.	
Name:		Pol	Local:	
	T-shirt Size: Sonce,	T-shirt Size: \(\text{Size}\) \(\text{DM}\) \(\text{DL}\) \(\text{DXXL}\) (only complete size once, if registering for more than one event)	DXXXL ent)	1

PHOTO AND VIDEO WAIVER AND RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I,(Initial), hereby grant to the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America ("UAW"), its locals and affiliates, and their successors, assigns, and licensees (the "Released Parties") the right to photograph, audiotape and/or videotape me and to use my name, voice, appearance, image, likeness, statements I have made, in any materials prepared by or for the Released Parties that promote the mission of the UAW (the "Materials"), in any form or media, now known or hereafter devised, in all languages throughout the world in perpetuity. I understand that I have no ownership rights in the Content or the Materials. I also understand that the Released Parties have no obligation to use the Content or exercise any of the rights set forth herein.
I waive and release any claims that I may have against the Released Parties and their officers, directors, employees, and agents based upon or arising from such uses as authorized herein, including without limitation, any moral rights of whatsoever description, any right to inspect the Materials or to approve the use of the Content or the references to me in the Materials, any claims for invasion of privacy, violation of the right of publicity, defamation, misrepresentation and copyright infringement or for any fees for such use.
I agree to indemnify the Released Parties from any and all loss, liability, damage, or cost that they may incur, including claims brought by a third party, arising from such uses as authorized herein, including without limitation, any moral rights of whatsoever description, any right to inspect the Materials or to approve the use of the Content or the references to me in the Materials, any claims for invasion of privacy, violation of the right of publicity, defamation, misrepresentation and copyright infringement or for any fees for such use.
I represent and warrant that I have reached the age of majority in my jurisdiction, have read this release prior to signing it and understand its contents, am authorized to grant the permissions set forth herein, and that any information that I have provided to the UAW is true and correct to the best of my knowledge and belief.
I DO authorize the use of my name, image, and likeness as described above. I DO NOT authorize the use of my name, image, and likeness as described above.
Print Name:
Signature:
Date: