

# OFFICIAL ENTRY FORM -- ENTRIES CLOSE FEBRUARY 1, 2012 HANDICAP - 90% OF 245

Enter credit card receipt number below and email completed form to kaylsmith@aol.com

Team Captain \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Phone Night \_\_\_\_\_ Phone Day \_\_\_\_\_  
 Cell \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Team Date & Squad	D&S Date & Squad
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
Give date(s) you cannot bowl:	
DO NOT WRITE IN SPACES BELOW	
Confirmed Team	Confirmed D&S

DO NOT WRITE IN SPACES BELOW

Entry Number:	_____
Date Rec.	_____

Name of Team: \_\_\_\_\_ Association: \_\_\_\_\_

\*\* ALL LINE-UPS ARE OFFICIAL AND WILL NOT BE REARRANGED - PLEASE TYPE OR PRINT ALL INFORMATION \*\*

USBC Card #	BOWLERS NAME	MAILING ADDRESS, CITY, ZIP AND PHONE	Average & Ruling	AE Fee
1.				
2.				
3.				
4.				
5.				
6.				

If 5th member is bowling D&S on another entry, please provide info:

DBLS Partner \_\_\_\_\_  
 Team Name \_\_\_\_\_  
 Team Captain \_\_\_\_\_

If 6th member is bowling on any other tournament team please provide info:

Team Name \_\_\_\_\_  
 Team Captain \_\_\_\_\_

\*\* If Applicable select one \*\*  
 Please CROSS  
 Please DO NOT CROSS with TEAM

Doubles & Singles Line-up	AVG	Scratch Event			AE \$5
		T \$10	D \$10	S \$10	
1					
2					
3					
4					
5					
6					

Remittance to cover		
Team	_____ X \$125.00	\$ = _____
Doubles	_____ X \$ 50.00	\$ = _____
Singles	_____ X \$ 25.00	\$ = _____
All Events	_____ X \$ 6.00	\$ = _____
	Scratch Total	\$ = _____
	Total Entry Fee	\$ = _____

No Personal Checks Accepted