

# OFFICIAL ENTRY FORM -- ENTRIES CLOSE MARCH 15, 2012 HANDICAP - 90% OF 220

Enter credit card receipt number below and email completed form to [dallaswba@sbcglobal.net](mailto:dallaswba@sbcglobal.net)

**DO NOT WRITE IN SPACES BELOW**

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:	
_____	
<b>DO NOT WRITE IN SPACES BELOW</b>	
Confirmed Team	Confirmed D&S

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 \$110.00	\$ = _____
Doubles	_____ X \$ 44.00	\$ = _____
Singles	_____ X \$ 22.00	\$ = _____
All Events	_____ X \$ 4.00	\$ = _____
	Scratch Total	\$ = _____
	Total Enty Fee	\$ = _____

No Personal Checks Accepted