

OFFICIAL ENTRY FORM--ENTRIES CLOSE MARCH 14, 2018--- HANDICAP DIVISIONS 90% OF 220

Team Captain _____
 Address _____
 City _____
 Natl' ID # _____ 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.				

** Member bowling D&S on another entry, please provide info:

DBLS Partner _____
 Team Name _____
 Team Captain _____

**Member bowling team on another entry please provide info

Team Name _____
 Team Captain _____

** Enter member bowling team or doubles on another entry

**	_____	_____	_____	_____
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** if Applicable select one **
 Please CROSS
 Please DO NOT CROSS with TEAM

Doubles & Singles Line-up	AVG	
1 _____		Texas State USBC Women's Tournament 201 E Avenue C Waxahachie, TX 75165 469/570-0249
2 _____		
1 _____		
2 _____		

Remittance to cover

Team _____ X \$120.00 \$ = _____

Doubles _____ X \$ 60.00 \$ = _____

Singles _____ X \$ 30.00 \$ = _____

All Events _____ X \$ 10.00 \$ = _____

No Personal Checks Accepted

