

OFFICIAL ENTRY FORM--ENTRIES CLOSE FEBRUARY 25,2019--- HANDICAP DIVISIONS 90% OF 220

Team Captain _____
Address _____
City _____
uUSBC Card # _____ 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	
2	
1	
2	

Texas State USBC Women's
 Tournament
 201 E Avenue C
 Waxahachie, TX 75165
 469/570-0249

Remittance to cover		
Team	_____ X \$120.00	\$ = _____
Doubles	_____ X \$ 60.00	\$ = _____
Singles	_____ X \$ 30.00	\$ = _____
All Events	_____ X \$ 10.00	\$ = _____

No Personal Checks Accepted