

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

Team Captain _____ Address _____ City _____ uUSBC Card # _____ Phone Day _____ Cell _____ E-Mail _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Team Date & Squad</th> <th style="width:50%;">D&S Date & Squad</th> </tr> <tr> <td>1 _____</td> <td>1 _____</td> </tr> <tr> <td>2 _____</td> <td>2 _____</td> </tr> <tr> <td>3 _____</td> <td>3 _____</td> </tr> <tr> <td colspan="2">Give date(s) you cannot bowl: _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">DO NOT WRITE IN SPACES BELOW</td> </tr> <tr> <td>Confirmed Team _____</td> <td>Confirmed D&S _____</td> </tr> </table>	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 _____	<p style="text-align: center;">DO NOT WRITE IN SPACES BELOW</p> Entry Number: _____ Date Rec. _____
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 _____															

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.					** Member bowling D&S on another entry, please provide info: DBLS Partner _____ Team Name _____ Team Captain _____
2.					
3.					
4.					

****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 LEAD

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