

**OFFICIAL ENTRY FORM--ENTRIES CLOSE FEBRUARY 25,2020--- 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