

credit card ID#

**OFFICIAL ENTRY FORM--ENTRIES CLOSE April 1, 2021--- HANDICAP DIVISIONS 90% OF 220**

Team Captain _____ Address _____ City _____ Natl' ID # _____ Phone Day _____ Cell _____ E-Mail _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Team Date &amp; Squad</th> <th style="width:50%;">D&amp;S Date &amp; 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&amp;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> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Entry Number:</td> <td>_____</td> </tr> <tr> <td>Date Rec.</td> <td>_____</td> </tr> </table>	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 _____																			
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	If 5th member is bowling D&S on another entry, please provide info:
1.					DBLS Partner _____
2.					Team Name _____ Team Captain _____
3.					_____
4.					Team Name _____ Team Captain _____
					_____
					_____

\*\* If Applicable select one \*\*  
 Please CROSS  
 Please DO NOT CROSS with TEAM TEAM

Doubles & Singles Line-up	AVG	
1		Texas State USBC Women's Tournament 201 E Avenue C Waxahachie, TX 75165 469/570-0249 dallaswba@sbcglobal.net
2		
3		
4		
5		
6		

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

Credit Card w/fee

No Personal Checks Accepted