

TEAM NAME \_\_\_\_\_ T SQUAD# \_\_\_\_\_ D/S SQUAD# \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ ENTRY# \_\_\_\_\_ WEEK# \_\_\_\_\_

SUNDAY TEAM  8:30 AM  OCTOBER 3  OCTOBER 31  
 12:30 PM  OCTOBER 10  NOVEMBER 7  
 3:30 PM  OCTOBER 17  NOVEMBER 14  
 OCTOBER 24  NOVEMBER 21  
 TIME ALOTTED PER TEAM - 2 HOURS PER SQUAD

NAME OF COORDINATOR: FIRST \_\_\_\_\_ LAST \_\_\_\_\_ MIDDLE INIT. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP-CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

USBC		BOWLERS FIRST NAME	MIDDLE INIT.	LAST NAME	OPEN / WOMENS Circle One
CARD#	AVG				
		1.			M F
		2.			M F
		3.			M F
		4.			M F

**1. DOUBLES/SINGLES**

FRIDAY  6:30 PM  OCTOBER 1  OCTOBER 22  
 OCTOBER 8  OCTOBER 29  
 OCTOBER 15  NOVEMBER 19

SATURDAY  8:30 AM  3:30 PM  OCTOBER 2  OCTOBER 23  NOVEMBER 13  
 12:30 PM  OCTOBER 9  OCTOBER 30  NOVEMBER 20  
 OCTOBER 16  NOVEMBER 6  
 TIME ALOTTED PER DOUBLES & SINGLES - 2 HOURS PER SQUAD

Team	All	Book	BOWLERS FIRST NAME	MI	LAST NAME
Event	Events	Avg.	1. _____		
YES	YES		ADDRESS _____	CITY	STATE ZIP
NO	NO		PHONE _____	EMAIL	
YES	YES		2. _____		
NO	NO		ADDRESS _____	CITY	STATE ZIP
			PHONE _____	EMAIL	

**2. DOUBLES/SINGLES**

Team	All	Book	BOWLERS FIRST NAME	MI	LAST NAME
Event	Events	Avg.	1. _____		
YES	YES		ADDRESS _____	CITY	STATE ZIP
NO	NO		PHONE _____	EMAIL	
YES	YES		2. _____		
NO	NO		ADDRESS _____	CITY	STATE ZIP
			PHONE _____	EMAIL	