



Gold Dust
West
Casino • Hotel
Carson City

2023 SP SPRING TOURNAMENT

TOURNAMENT ENTRY GOLD DUST WEST
SP Bowling Tournament
2171 E. William Street
Carson City, NV 89701
(775) 671.3467

HOTEL RESERVATIONS: GOLD DUST WEST
2171 E. William Street
Carson City, NV 89701
(775) 885.9000 (877) 519.5567
www.gdwcasino.com

DOUBLES & SINGLES (SATURDAY'S)

April 15, 22, 29, May 6, 13, 20, 27
June 3, 10, 17, 24

TEAM EVENT (SUNDAY'S)

April 16, 23, 30, May 7, 14, 21, 28
June 4, 11, 18, 25

DESIGNATION OF FEES \$30.00 PER PERSON PER EVENT - OPTIONAL ALL EVENTS \$5.00 EXTRA

RULES

PRIZE FUND \$15.00 BOWLING FEES \$11.00 TOURNAMENT EXPENSES \$4.00 TOTAL PER PERSON \$30.00
(TOTAL FEE'S \$95.00 PER PERSON TO BOWL DOUBLES, SINGLES, TEAM AND ALL EVENTS)

Teams will consist of adult Men, Women, or Mixed over 18 years of age.

1. SP Tournament will be USBC certified. All bowlers must be a current member of USBC.
2. Handicaps will be based on the bowlers composite 2021-22 book average of 21 games or more listed on bowl.com. If no 2021-22 average, bowlers will use composite 2020-21 book average of 21 games or more listed on bowl.com. If neither, apply bowler will use: Men 225 - Women 180 scratch averages.
3. Handicap used will be 90% of 240.
4. The ration for prize distribution will not be more than one winner out of every eight entrants in each event, except all events which is one out of 20. A bowler must bowl all three events to qualify for all events monies. No prize will be issued under \$90.
5. Bowlers may enter multiple doubles (lane availability permitting) and may only bowl singles once. A bowler will be permitted to bowl team event more than once in the prize list for position standings. A bowlers first appearance in team event shall count towards the bowlers all events score.
6. Walk-ins will be permitted with lane availability.
7. A return check charge will be \$25.00. Please make checks payable to Gold Dust West.
8. USBC Rule Book will govern any rules not listed above.

FIRST NAME	LAST NAME	MIDDLE INIT.
ADDRESS	CITY	STATE
CELL PHONE	E-MAIL	ZIP

TEAM NAME	AMOUNT PAID
ENTRY #	TEAM SQUAD#
SQUAD TIMES: <input type="checkbox"/> 8:00 AM <input type="checkbox"/> 12:30 PM <input type="checkbox"/> 5:00 PM	D/S SQUAD #
SUNDAY: <input type="checkbox"/> April 16 <input type="checkbox"/> April 23 <input type="checkbox"/> April 30	WEEK #
<input type="checkbox"/> May 7 <input type="checkbox"/> May 14 <input type="checkbox"/> May 21	<input type="checkbox"/> May 28 <input type="checkbox"/> June 4 <input type="checkbox"/> June 11
<input type="checkbox"/> June 18 <input type="checkbox"/> June 25	

TIME ALOTTED PER TEAM - 2.5 HOURS PER SQUAD

			WEEK#		ENTRY#	
OFFICE USI USE ONLY			TEAM SQUAD#		D/S SQUAD#	
USBC CARD#	AVG	BOWLERS (LIST IN ORDER BOWLING BOWLING TIME ALLOTTED PER TEAM-2.5 HOURS)				(CIRCLE ONE)
		1				M F
		FIRST NAME MI LAST				M F
		2				M F
		FIRST NAME MI LAST				M F
		3				M F
		FIRST NAME MI LAST				M F
		4				M F
		FIRST NAME MI LAST				M F
		5				M F
		FIRST NAME MI LAST				
SATURDAY DOUBLES/ SINGLES SQUAD TIMES-DATES:						
<input type="checkbox"/> 8:00 AM		<input type="checkbox"/> APRIL 15		<input type="checkbox"/> MAY 6		<input type="checkbox"/> MAY 27
<input type="checkbox"/> 12:30 PM		<input type="checkbox"/> APRIL 22		<input type="checkbox"/> MAY 13		<input type="checkbox"/> JUNE 17
<input type="checkbox"/> 5:00 PM		<input type="checkbox"/> APRIL 29		<input type="checkbox"/> MAY 20		<input type="checkbox"/> JUNE 24
		<input type="checkbox"/> JUNE 3		<input type="checkbox"/> JUNE 10		
1. DOUBLES/ SINGLES BOWLERS (LIST IN ORDER BOWLING)						
ALL EVENTS	AVG.					(CIRCLE ONE)
YES NO		1				M F
		FIRST NAME MI LAST NAME				
		ADDRESS CITY STATE ZIP				
		PHONE EMAIL				
YES NO		2				M F
		FIRST NAME MI LAST NAME				
		ADDRESS CITY STATE ZIP				
		PHONE EMAIL				
2. DOUBLES/ SINGLES						
ALL EVENTS	AVG.					
YES NO		1				M F
		FIRST NAME MI LAST NAME				
		ADDRESS CITY STATE ZIP				
		PHONE EMAIL				
YES NO		2				M F
		FIRST NAME MI LAST NAME				
		ADDRESS CITY STATE ZIP				
		PHONE EMAIL				
3. DOUBLES/ SINGLES						
ALL EVENTS	AVG.					
YES NO		1				M F
		FIRST NAME MI LAST NAME				
		ADDRESS CITY STATE ZIP				
		PHONE EMAIL				
YES NO		2				M F
		FIRST NAME MI LAST NAME				
		ADDRESS CITY STATE ZIP				
		PHONE EMAIL				