

\$ RECEIVED:		WEEK#		ENTRY#	
\$ Owes:		TEAM SQUAD#		D/S SQUAD#	
COORDINATOR/TEAM CAPT:					
FIRST NAME		MI		LAST NAME	
MAILING ADDRESS		CITY		STATE ZIP	
PHONE:		EMAIL:			
SUNDAY TEAM EVENT:			TEAM NAME:		
SQUAD TIMES:		DIVISION		DATES: Sunday, October 12, 2025	
<input type="checkbox"/> 9:00 AM (Fill 1st)		OPEN			
<input type="checkbox"/> 1:00 PM					
BOWLERS NAME AS ON USBC CARD (LIST IN ORDER BOWLING) (CIRCLE ONE)					
1				M F	
FIRST NAME		MI		LAST NAME NICK NAME	
USBC CARD #		BOOK AVG			
ADDRESS		CITY		STATE ZIP	
PHONE		EMAIL			
2				M F	
FIRST NAME		MI		LAST NAME NICK NAME	
USBC CARD #		BOOK AVG			
ADDRESS		CITY		STATE ZIP	
PHONE		EMAIL			
3				M F	
FIRST NAME		MI		LAST NAME NICK NAME	
USBC CARD #		BOOK AVG			
ADDRESS		CITY		STATE ZIP	
PHONE		EMAIL			
4				M F	
FIRST NAME		MI		LAST NAME NICK NAME	
USBC CARD #		BOOK AVG			
ADDRESS		CITY		STATE ZIP	
PHONE		EMAIL			

SATURDAY DOUBLES/ SINGLES EVENT:					
SQUAD TIMES:		DIVISION		DATES: Saturday, October 11, 2025	
<input type="checkbox"/> 10:00 AM (Fill 1st)					
<input type="checkbox"/> 4:00 PM					
1. DOUBLES/SINGLES - BOWLERS (LIST IN ORDER BOWLING)					
ALL EVENTS		1		(CIRCLE ONE)	
HDCP-\$10				M F	
YES NO		FIRST NAME MI LAST NAME			
ALL EVENTS		2		(CIRCLE ONE)	
HDCP-\$10				M F	
YES NO		FIRST NAME MI LAST NAME			
2. DOUBLES/SINGLES - BOWLERS (LIST IN ORDER BOWLING)					
ALL EVENTS		1		(CIRCLE ONE)	
HDCP-\$10				M F	
YES NO		FIRST NAME MI LAST NAME			
ALL EVENTS		2		(CIRCLE ONE)	
HDCP-\$10				M F	
YES NO		FIRST NAME MI LAST NAME			