

\$ RECEIVED:	WEEK#	ENTRY#
	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:	☐ 9:00 AM (Fill 1st) ☐ 1:00 PM	DIVISION	DATES: Sunday, October 10, 2026
		OPEN	

BOWLERS NAME AS ON USBC CARD (LIST IN ORDER BOWLING)				(CIRCLE ONE)	
1	FIRST NAME	MI	LAST NAME	NICK NAME	M F
USBC CARD #	BOOK AVG	ADDRESS		CITY	STATE ZIP
		PHONE		EMAIL	
		2	FIRST NAME	MI	LAST NAME
USBC CARD #	BOOK AVG	ADDRESS		CITY	STATE ZIP
		PHONE		EMAIL	
		3	FIRST NAME	MI	LAST NAME
USBC CARD #	BOOK AVG	ADDRESS		CITY	STATE ZIP
		PHONE		EMAIL	
		4	FIRST NAME	MI	LAST NAME
USBC CARD #	BOOK AVG	ADDRESS		CITY	STATE ZIP
		PHONE		EMAIL	

SATURDAY DOUBLES/ SINGLES EVENT:			
SQUAD TIMES:	☐ 10:00 AM (Fill 1st) ☐ 4:00 PM	DATES:	Saturday, October 9, 2026

1. DOUBLES/SINGLES - BOWLERS (LIST IN ORDER BOWLING)					
ALL EVENTS		1			(CIRCLE ONE)
HDCP-\$5	SCR-\$10				M F
YES NO	YES NO	FIRST NAME	MI	LAST NAME	
ALL EVENTS		2			(CIRCLE ONE)
HDCP-\$5	SCR-\$10				M F
YES NO	YES NO	FIRST NAME	MI	LAST NAME	
2. DOUBLES/SINGLES - BOWLERS (LIST IN ORDER BOWLING)					
ALL EVENTS		1			(CIRCLE ONE)
HDCP-\$5	SCR-\$10				M F
YES NO	YES NO	FIRST NAME	MI	LAST NAME	
ALL EVENTS		2			(CIRCLE ONE)
HDCP-\$5	SCR-\$10				M F
YES NO	YES NO	FIRST NAME	MI	LAST NAME	