

RECEIVED:		\$ RECEIVED:		OFFICE USE ONLY		WEEK#		ENTRY#	
ENTERED:		\$ Owed:				TEAM SQUAD#		D/S SQUAD#	

COORDINATOR/TEAM CAPT:				
FIRST NAME		MI	LAST NAME	
MAILING ADDRESS		CITY	STATE	ZIP
PHONE:		EMAIL:		

SUNDAY TEAM EVENT: Time Allotted 3 HRS			TEAM NAME:			
SQUAD TIMES: ☐ 9:00 AM ☐ 1:00 PM		DIVISION OPEN-1 WOMEN-2	DATES: ☐ April 11 ☐ April 18 ☐ April 25 ☐ May 2 ☐ May 16 ☐ 23-May ☐ May 30 ☐ June 6 ☐ June 13 ☐ June 20 ☐ June 27			

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: Time Allotted 5 HRS					
SQUAD TIMES: ☐ 9:00 AM ☐ 3:00 PM			DATES: ☐ April 10 ☐ April 17 ☐ April 24 ☐ May 1 ☐ May 15 ☐ May 22 ☐ May 29 ☐ June 5 ☐ June 12 ☐ June 19 ☐ June 26		

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