

**ENTRY BLANKS MUST BE COMPLETELY AND PROPERLY FILLED OUT OR
THE ENTRY WILL BE RETURNED TO THE APPLICANT**

NO ENTRIES AT TOURNAMENT SITE

TEAM EVENT

CHECK FOR CORRECT AVERAGES

TEAM NAME _____

SENATE REPRESENTED _____

PLEASE TYPE OR PRINT ALL INFORMATION

Membership cards must be shown on site

***CIRCLE ONE: MEN WOMEN MIXED**

CIRCLE FOR SCRATCH OPTIONAL TEAM— \$50.00

REQUIRED TNBA #	REQUIRED USBC #	BOWLER'S NAME	CHECK SEX M OR F	HIGHEST AVERAGE PLEASE ENTER BOTH YEARS		
				2023-2024	2024-2025	SHIRT SIZE
			M <input type="checkbox"/> F <input type="checkbox"/>			
			M <input type="checkbox"/> F <input type="checkbox"/>			
			M <input type="checkbox"/> F <input type="checkbox"/>			
			M <input type="checkbox"/> F <input type="checkbox"/>			
			M <input type="checkbox"/> F <input type="checkbox"/>			

I/We hereby certify to the correctness of the above entries, make application to enter the Tournament and agree to abide by all the Tournament Rules and Regulations

SUBMITTER/CAPTAIN PRINT (REQUIRED) _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SUBMITTER/CAPTAIN SIGNATURE (REQUIRED) _____

EMAIL: _____ PHONE _____

ENTRY MUST BE VERIFIED BY BOWL.COM OR YOUR CITY USBC ASSOCIATION

USBC RULE 319E NOW APPLIES TO ALL BOWLERS AVERAGING 220 OR LESS!

USE FOR TOURNAMENT WINNINGS — REPORTING \$600 OR MORE IN ANY EVENT — PAST 12 MONTHS

BOWLER'S NAME	ACTUAL SCORE	WINNINGS	TOURNAMENT NAME	POSITION

INDICATE 3 CHOICES

CHOICE	DATE	TIME
1ST		
2ND		
3RD		
Any Available Time:		

FRIDAY, NOVEMBER 7 8:00 am 1:00pm

SATURDAY, NOVEMBER 8 8:00 am 1:00 pm 6:00 pm

SUNDAY, NOVEMBER 9 8:00 am 1:00 pm

Mixed teams can be bowled during any available squad

MIXED TEAMS CAN BE ANY COMBINATION 3-2 OR 4-1

DO NOT WRITE IN THIS SPACE

Date Rec'd _____

Team Amt _____ Opt Scr Amt _____

Total: _____

Entry No. _____

TEAM \$250.00

NO ENTRIES AT THE TOURNAMENT SITE

DOUBLES & SINGLES

CHECK FOR CORRECT AVERAGES

CHECK ALL EVENTS - WHERE MONEY ACCOMPANIES ENTRY

SCRATCH DOUBLES REQUIRES BOTH BOWLERS TO ENTER

PLACE MEN & WOMEN ON SEPARATE ENTRY FORM

REQUIRED TNBA NO.	REQUIRED USBC NO.	P O S	BOWLER'S NAME	CHECK ONE		HIGHEST AVERAGE		A.E. HCP \$10	A.E. SCR \$10	SCR SGLS \$10	SCR DBLS \$10	DO NOT WRITE IN THIS SPACE
				M	W	ENTER BOTH YEARS						
						2023-2024	2024-2025					
		1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		2		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		2		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		2		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify to the correctness of the above entries, make application to enter the tournament and agree to abide by all the Tournament Rules and Regulations.

Submitter/Captain's (Print) _____ Submitter/Captain's Signature) _____

Address _____ City _____ State _____ Zip _____ Phone _____ Email _____

INDICATE 3 CHOICES

CHOICE	DATE	TIME
1ST		
2ND		
3RD		
Any Available Time:		

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SUNDAY, NOVEMBER 9 8:00 am 1:00 pm

PAYMENT FOR ENTIRES:

PLEASE INCLUDE \$200.00 PER EACH SET OF SINGLES AND DOUBLES. INCLUDE \$10.00 FOR EACH OPTIONAL EVENT BOX CHECKED.

DO NOT WRITE IN THIS SPACE

Date Rec'd _____
 S _____ D _____
 AE(H) _____ AE(S) _____
 Scr S _____ Scr D _____
 TOTAL \$ _____

