2024

TOURNAMENT ENTRY FORM

Indicate Dates & Times Preferred

1._____

2._____

3._____

When lanes are filled on requested date, the nearest open date will be assigned. No change will be made in the entrants' scheduled time, except in case of emergency, and any change must be approved by the tournament manager.

NOTE: DO NOT WRITE IN THESE BLANKS

TEAM	DOUBLES	SINGLES	OPTIONAL ALL EVENTS		CHECK OR MONEY ORDER
			AEH	AES	

MASTER TEAM #	TEAM SCHEDULE			DOUBLES/SINGLES SCHEDULE		
	SQUAD	DAY	TIME	SQUAD	DAY	TIME

TOURNAMENT DATES: April 20-21, April 27-28, May 4-5

Name of Tournament Team _____ **Association**_____

TEAM EVENT SUNDAY -- 9:00 am 12:30 pm

PRINT OR TYPE NAMES TEAM		CAPTAIN		CHECK THOSE PAYING ALL EVENTS FEE					
BOWLERS (LAST NAME FIRST)*	↓	USBC #	COMPLETE MAILING ADDRESS	T-SHIRT	SIZE	AVG	↓ AEH	↓ AES	LEAVE BLANK
1.				YES NO					
2.				YES NO					
3.				YES NO					
4.				YES NO					

***LIST PLAYERS IN THE ORDER THEY WILL BOWL. TEAM LINEUP WILL NOT BE CHANGED**

DOUBLES & SINGLES EVENT SATURDAY -- 9:00 am 1:00 pm

TEAMS DOUBLING TOGETHER SHOULD SEND ENTRIES AND FEES IN THE SAME ENVELOPE IF POSSIBLE				CHECK THOSE PAYING ALL EVENTS FEE					
BOWLERS (LAST NAME FIRST)*		USBC # IF NOT ABOVE	COMPLETE MAILING ADDRESS (IF NOT LISTED ABOVE)	T-SHIRT	SIZE	AVG	↓ AEH	↓ AES	Leave Blank
1.				YES NO					
				YES NO					
2.				YES NO					
				YES NO					
3.				YES NO					
				YES NO					

*** LIST PLAYERS IN THE ORDER THEY WILL BOWL. NO REARRANGING OF PARTNERS WILL BE PERMITTED**

OVER –BACK OF ENTRY MUST BE COMPLETED