



Handicap Scholarship Singles Entry Form

ALL FIELDS MUST BE FILLED IN TO BE ACCEPTED

Must be Postmarked by District Deadline Date – See District Schedule for Dates

<p style="text-align: center;">Pennsylvania State USBC HANDICAP SCHOLARSHIP SINGLES</p> <p style="text-align: center;">Mail to: Jay E Daryman, Tournament Director 809 Nightlight Dr, York PA 17402 Phone: 717/757-2860 E-Mail: jdaryman@bowlpa.com</p>	<p style="text-align: center; font-weight: bold;">DO NOT WRITE IN THESE SPACES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center; font-weight: bold;">ENTRY NUMBER</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center; font-weight: bold;">DATE RECEIVED</td> <td></td> </tr> <tr> <td style="text-align: center; font-weight: bold;">AMOUNT RECEIVED</td> <td></td> </tr> <tr> <td style="text-align: center; font-weight: bold;">CASH/CHECK #</td> <td></td> </tr> </table>	ENTRY NUMBER		DATE RECEIVED		AMOUNT RECEIVED		CASH/CHECK #	
ENTRY NUMBER									
DATE RECEIVED									
AMOUNT RECEIVED									
CASH/CHECK #									
Entry Contact Information									
Enter District Number Here:	Center:								
Name:	Evening Phone:								
Address:	Daytime Phone:								
	E-Mail								
City, State, Zip:									
Bowler Information									
1	Name:	Mem ID:							
	Address:	City/ST/Zip:							
	Birthdate:	Sex (M/F):	Jan 1 Avg:						
1st Squad Choice:	2nd Squad Choice:								
Check Division: <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C									

Make checks payable to Pennsylvania State USBC