

**PENNSYLVANIA STATE USBC
YOUTH HANDICAP SCHOLARSHIP SINGLES TOURNAMENT**

Hdcp Scholarship Singles Entry Form – District Schedule on Next Page

ALL FIELDS MUST BE FILLED IN TO BE ACCEPTED

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

DO NOT WRITE IN THE SHADED COLUMNS			
DATE RECV'D	AMOUNT RECV'D	CHECK NO.	ENTRY NO.

Bowling Center & Director's Information (All Correspondence will be to this address)

(No need to fill this section in if sending more than one bowler, just attach the forms.)

District: _____

Bowling Center: _____ Center's Phone #: (____) _____

Coach/Parents Name: _____ League: _____

Coach/Parents Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Director's Phone: (____) _____

Bowlers Information:

Name: _____ USBC ID#: _____ Date of Birth: _____

Email: _____ Bowler's Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Jan 1 Avg.: _____

DIVISION: (Check only ONE Division) Boys CLASS A CLASS B CLASS C
Girls

Squad Choice (see District Schedule on next page) 1st: _____ 2nd: _____

REMIT WITH TOTAL ENTRY FEES TO:

JAY E DARYMAN
TOURNAMENT DIRECTOR
809 NIGHTLIGHT DR
YORK PA 17402-8809
PH: 717-757-2860
JDARYMAN@BOWLPA.COM



**YOUTH
HANDICAP
SCHOLARSHIP
SINGLES**

ATHLETES MUST SEE THESE RULES