

**PENNSYLVANIA STATE USBC  
HANDICAP SCHOLARSHIP SINGLES TOURNAMENT**

**HANDICAP SCHOLARSHIP SINGLES TOURNAMENT ENTRY FORM**

**ALL FIELDS MUST BE FILLED IN TO BE ACCEPTED**

CENTER NAME: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ (TO SEE WHAT DISTRICT YOUR CENTER IS IN, VISIT BOWLPA.COM, YOUTH TOURNAMENTS, HANDICAP SCHOLARSHIP SINGLES, INFORMATION, A LINK TO THE LST CAN BE FOUND THERE)

LEAGUE NAME: \_\_\_\_\_

BOWLER NAME: \_\_\_\_\_ MEM ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

JAN 1 AVG: \_\_\_\_\_ PARTICIPATING IN PEPSI: YES \_\_\_\_ NO \_\_\_\_ (Check One)

**ATTACH AVERAGE VERIFICATION SHEET**

DIVISION: \_\_\_\_\_

PREFER TO BOWL IN DISTRICTS ON (Circle choice – if available, check District schedules)

Saturday AM

Saturday PM

Sunday AM

Sunday PM

*Please return this form to your youth league coordinator.*



ATHLETES MUST SEE THESE RULES