

**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