

**PENNSYLVANIA STATE USBC
HANDICAP SCHOLARSHIP SINGLES TOURNAMENT**

ENTRY RECAP REPORT FORM



CENTER: _____

DIST: _____ **ASSN:** _____

COACHES NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

E-Mail Address: _____

Enter the total Number of entries included in this mailing:

| DIVISION | # OF ENTRIES |
|---|---------------------------------------|
| Girls Division C | |
| Boys Division C | |
| Girls Division B | |
| Boys Division B | |
| Girls Division A | |
| Boys Division A | |
| Add the totals from the two blocks above. | Center Total of Entries: |
| | State Entry Fee/Entry: \$25.00 |
| | Total Due: |

MAIL PAYMENT, THIS FORM AND ALL COMPLETED ENTRY FORMS TO:

Jay E Daryman
809 Nightlight Dr.
York, PA 17402-8809

Make checks payable to: Pennsylvania State USBC

| DO NOT WRITE IN THESE SPACES | DATE RECEIVED: | | AMOUNT RECEIVED: | | CHECK # | |
|------------------------------|----------------|--|------------------|--|---------|--|
|------------------------------|----------------|--|------------------|--|---------|--|

PLEASE USE THE ENTRY FORM ON THE NEXT PAGE FOR PARTICIPATING BOWLERS

ATHLETES MUST SEE THESE RULES