

**Pennsylvania State USBC - 17th Annual Youth Open Tournament**

Mail to: Bill Keeney, Tournament Director  
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**DO NOT WRITE IN THESE SPACES**

**ENTRY NUMBER**

**DATE RECEIVED**

**AMOUNT RECEIVED**

**CASH/CHECK #**

**Entry Contact Information**

Enter Your Advance Reservation Confirmation Number Here:

Name:	Evening Phone:
Address:	Daytime Phone:
	E-Mail
City, State, Zip:	<input type="checkbox"/> Please contact me I want to pay using a credit card.

<input type="checkbox"/> Check if Bowling Team Event	Team Event - Bowling order above.	1 <sup>st</sup> Squad Choice:
Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>	Team Name:	2 <sup>nd</sup> Squad Choice:

**Bowlers contact information for this entry, no matter what event your entering,  
If bowling Team this will be your bowling order.**

#	Name	Address	Birth Date	Entering Avg.
	National ID	City, State, Zip	Gender (M/F)	
1				
	List all leagues above bowler participates in.	League:	Center:	
		League:	Center:	
2				
	List all leagues above bowler participates in.	League:	Center:	
		League:	Center:	
3				
	List all leagues above bowler participates in.	League:	Center:	
		League:	Center:	
4				
	List all leagues above bowler participates in.	League:	Center:	
		League:	Center:	

**Doubles Event**

#	Enter the bowler's name.	#	Enter the bowler's name.
Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>	Squad Choice	Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>	Squad Choice
1	1 <sup>st</sup> :	1	1 <sup>st</sup> :
2	2 <sup>nd</sup> :	2	2 <sup>nd</sup> :

**Singles Event**

**All Events**

#	Enter the bowler's name.	Hdcp	Scratch	1 <sup>st</sup> Squad Choice	2 <sup>nd</sup> Squad Choice	Handicap	Scratch
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Average Verification: \_\_\_\_\_ Signature of League Official/Association Manager