

Pennsylvania State USBC - 19th Annual Youth Open Tournament

Mail to: Bill Keeney, Tournament Director

281 East St LeRaysville PA 18829

Phone: (570) 744-2981 Fax: (570) 744-1305 E-Mail: wkeeney@bowlpa.com

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 st Squad Choice:
Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>	Team Name:	2 nd 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"/>		Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>
	Squad Choice		Squad Choice
1	1 st :	1	1 st :
2	2 nd :	2	2 nd :

Singles Event

All Events

#	Enter the bowler's name.	Hdcp	Scratch	1 st Squad Choice	2 nd 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