

OFFICIAL ENTRY FORM- PERSONAL INFORMATION

Bowler Information (ALL BOWLERS ENTERING MUST COMPLETE THIS INFORMATION) - Membership Card Number must be put on Entry Form

Membership Card Number	Bowler's Name 1ST BOWLER - TEAM CAPTAIN	Mailing Address		Email Address (Please write legibly)	Telephone Number	Social Security Number*	Youth Bowler	Male or Female		Highest 2009-2010 Average	Highest 2010-2011 Average	Highest 2011-12 League Average (Minimum 21 games) if applicable
		City, ST Zip Code						Male	Female			
1							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
2							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
3							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
4							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
5							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
6							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
7							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
8							<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				

Please complete Event Entry Form on other side

Enter total fees paid per event based on reverse side

Mixed Team Event \$ _____

Mixed Doubles & Singles \$ _____
(Including All-Events)
Open Doubles \$ _____

Open Singles \$ _____

Senior Doubles \$ _____

Senior Singles \$ _____

6-Game Scratch Singles \$ _____

Adult/Youth Doubles \$ _____

Youth Singles \$ _____

TOTAL FEES PAID \$ _____

I verify the accuracy of the averages and membership reported on this entry form

USBC Association Secretary signature _____ Assoc. #: _____ Date: _____

USBC Association Secretary signature _____ Assoc. #: _____ Date: _____

PAYMENT INFORMATION (Please note: Full fees are due at time of entry- NO PERSONAL CHECKS)

Please check one of the following payment methods:

Cashier's Check or Money Order Cash

AMEX VISA Mastercard

Cardholder's Name _____ Amount to be charged _____

Card Number _____ Exp. Date _____

Please make all checks payable to: Signature of Cardholder _____
National Bowling Stadium (NBS)

Mail or Fax all entries to: National Bowling Stadium P.O. Box 837 • Reno, NV 89504 • Fax (775) 334-2606

Entry Number

MIXED TEAM EVENT - THURSDAY, FRIDAY, SATURDAY - 6PM

Entry in this event is for Mixed Team Handicap Event. For an additional \$80 scores bowled will be used for the Scratch Division Prize Fund.

TEAM NAME _____

Date Requested: _____

Bowling Position	Bowler's Name	M / W	Handicap Div Entry Fee	Scratch Div Entry Fee
1			<input type="checkbox"/> \$120	<input type="checkbox"/> \$80
2				
3				
4				

LIST TEAM MEMBERS IN LINE-UP ORDER **TOTAL ENTRY FEE PAID \$** _____

Tournament Entry #	Squad Date	Squad Time	6 PM
	Squad #	CDE #	
	Bowler #	Lane #	PC Team #

MIXED DOUBLES / SINGLES EVENTS & ALL EVENTS - 10AM & 2PM

Entry in this event is for Mixed Doubles/Singles Handicap Event. For an additional \$40 scores bowled in the Mixed Doubles Event will be used for the Scratch Division Prize Fund. For an additional \$20 scores bowled in the Mixed Singles Event will be used for the Scratch Division Prize Fund. Separate Men's and Women's Divisions in the Mixed Singles Event

Date & Time Requested: _____

Dbls Team	Bowling Position	Bowler's Name	M / W	Dbls/Sgls Hdcap Div Entry Fee	Dbls Scr Div Entry Fee	Sgls Scratch Entry Fee	Hdcap All-Events Entry Fee	Scr All-Events Entry Fee
1	1			<input type="checkbox"/> \$120	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10
	2							
2	1			<input type="checkbox"/> \$120	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10
	2							

LIST DOUBLES TEAM MEMBERS IN LINE-UP ORDER **TOTAL ENTRY FEE PAID \$** _____

Squad Date	Squad Time
Squad #	CDE #
Bowler #	Lane #
	PC Team #

OPEN DOUBLES &/OR OPEN SINGLES EVENT - 10AM, 2PM & 6PM

Enter names bowling Open Doubles and/or Open Singles below. Bowlers **do not** have to bowl both events. Check amount for only those event(s) entered. You may bowl both events on same or different squad dates/time(s). For an additional \$20 per person per event scores bowled will be used for Scratch Division Prize Fund (both bowlers must enter Scratch Division Open Doubles event).

Date & Time Requested: _____

Open Doubles _____

Open Singles _____

Dbls Team	Doubles Position	Bowler's Name	Handicap Div Entry Fee	Scratch Div Entry Fee	Handicap Div Entry Fee	Scratch Div Entry Fee
1	1		<input type="checkbox"/> \$60	<input type="checkbox"/> \$40	<input type="checkbox"/> \$30	<input type="checkbox"/> \$20
	2					
2	1		<input type="checkbox"/> \$60	<input type="checkbox"/> \$40	<input type="checkbox"/> \$30	<input type="checkbox"/> \$20
	2					

LIST DOUBLES TEAM MEMBERS IN LINE-UP ORDER **TOTAL ENTRY FEE PAID \$** _____

Squad Date	Squad Time
Squad #	CDE #
Bowler #	Lane #
	PC Team #

SENIOR DOUBLES &/OR SENIOR SINGLES EVENT - 10AM, 2PM & 6PM

Enter names bowling Senior Doubles and/or Senior Singles below. Bowlers **do not** have to bowl both events. Check amount for only those event(s) entered. You may bowl both events on same or different squad dates/time(s). For an additional \$20 per person per event scores bowled will be used for Scratch Division Prize Fund (both bowlers must enter Scratch Division Senior Doubles event).

Date & Time Requested: _____

Senior Doubles _____

Senior Singles _____

Dbls Team	Doubles Position	Bowler's Name	Handicap Div Entry Fee	Scratch Div Entry Fee	Handicap Div Entry Fee	Scratch Div Entry Fee
1	1		<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	<input type="checkbox"/> \$25	<input type="checkbox"/> \$20
	2					
2	1		<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	<input type="checkbox"/> \$25	<input type="checkbox"/> \$20
	2					

LIST DOUBLES TEAM MEMBERS IN LINE-UP ORDER **TOTAL ENTRY FEE PAID \$** _____

Squad Date	Squad Time
Squad #	CDE #
Bowler #	Lane #
	PC Team #

6-GAME SCRATCH SINGLES EVENT - 10AM, 2PM & 6PM

Entry in this event is for 6-Game Scratch Singles Event. Bowl 6 games across 6 lanes. Subject to lane availability. \$60 Entry Fee - \$45 Prize Fee / \$15 Bowling/Expense Fee

Date & Time Requested: 1st Choice _____ 2nd Choice _____

Bowling Position	Bowler's Name	Scratch Div Entry Fee
1		<input type="checkbox"/> \$60
1		<input type="checkbox"/> \$60
1		<input type="checkbox"/> \$60
1		<input type="checkbox"/> \$60

TOTAL ENTRY FEE PAID \$ _____

Squad Date	Squad Time
Squad #	CDE #
Bowler #	Lane #
	PC Team #

ADULT/YOUTH DOUBLES &/OR YOUTH SINGLES EVENT - 10AM, 2PM & 6PM

Enter names bowling Adult/Youth Doubles and/or Youth Singles below. Bowlers **do not** have to bowl both events. Check amount for only those event(s) entered. You may bowl both events on same or different squad dates/time(s). For an additional \$15 scores bowled will be used for Scratch Division Prize Fund. (Both bowlers must enter Scratch Division Adult/Youth Doubles event)

Date & Time Requested: _____

Adult/Youth Doubles _____

Youth Singles _____

Dbls Team	Doubles Position	Bowler's Name	Youth Birthdate	Youth High School Graduation Year	Handicap Div Entry Fee	Scratch Div Entry Fee	Handicap Div Entry Fee	Scratch Div Entry Fee
1	1				<input type="checkbox"/> \$40	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15
	2							
2	1				<input type="checkbox"/> \$40	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15
	2							

LIST DOUBLES TEAM MEMBERS IN LINE-UP ORDER **TOTAL ENTRY FEE PAID \$** _____

Squad Date	Squad Time
Squad #	CDE #
Bowler #	Lane #
	PC Team #