

OFFICIAL ENTRY FORM -- ENTRIES CLOSE FEBRUARY 1, 2012 HANDICAP - 90% OF 220

OFFICIAL ENTRY FORM--ENTRIES CLOSE MARCH 31, 2023--- HANDICAP DIVISIONS 90% OF 220

Team Captain _____ Address _____ City _____ Zip _____ Natl' ID # _____ Cell _____ E-Mail _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Team Date & Squad</td> <td style="width:50%;">D&S Date & Squad</td> </tr> <tr> <td>1 _____</td> <td>1 _____</td> </tr> <tr> <td>2 _____</td> <td>2 _____</td> </tr> <tr> <td>3 _____</td> <td>3 _____</td> </tr> <tr> <td colspan="2">Give date(s) you cannot bowl: _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">DO NOT WRITE IN SPACES BELOW</td> </tr> <tr> <td>Confirmed Team</td> <td>Confirmed D&S</td> </tr> </table>	Team Date & Squad	D&S Date & Squad	1 _____	1 _____	2 _____	2 _____	3 _____	3 _____	Give date(s) you cannot bowl: _____		DO NOT WRITE IN SPACES BELOW		Confirmed Team	Confirmed D&S	<p style="text-align: center;">DO NOT WRITE IN SPACES BELOW</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Entry Number:</td> <td>_____</td> </tr> <tr> <td>Date Rec.</td> <td>_____</td> </tr> </table>	Entry Number:	_____	Date Rec.	_____
Team Date & Squad	D&S Date & Squad																			
1 _____	1 _____																			
2 _____	2 _____																			
3 _____	3 _____																			
Give date(s) you cannot bowl: _____																				
DO NOT WRITE IN SPACES BELOW																				
Confirmed Team	Confirmed D&S																			
Entry Number:	_____																			
Date Rec.	_____																			

Name of Team: _____ Association: _____

**** ALL LINE-UPS ARE OFFICIAL AND WILL NOT BE REARRANGED - PLEASE TYPE OR PRINT ALL INFORMATION ****

USBC Card #	BOWLERS NAME	MAILING ADDRESS, CITY, ZIP AND PHONE	Average & Ruling	AE Fee	If 4th member is bowling D&S on another entry, please provide info:
1.	_____	_____	_____	_____	DBLS Partner _____
2.	_____	_____	_____	_____	Team Name _____
3.	_____	_____	_____	_____	Team Captain _____
4.	_____	_____	_____	_____	_____

**** If Applicable select one ****
 Please CROSS
 Please DO NOT CROSS with TEAM LEAD

Doubles & Singles Line-up	AVG	
1 _____	_____	Texas State USBC Women's Tournament 201 E Avenue C Waxahachie, TX 75165 469/570-0249 dallaswba@sbcglobal.net
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	
6 _____	_____	

Remittance to cover		
Team _____	X \$120.00	\$ = _____
Doubles _____	X \$ 60.00	\$ = _____
Singles _____	X \$ 30.00	\$ = _____
All Events _____	X \$ 10.00	\$ = _____
Total Entry Fee		\$ = _____