

## TEAM EVENT ENTRY FORM



SQUADLISTING			FOR OFFICE USE ONLY		
1. 11/02/2024 - 1:00 PM	4. 11/09/2024 - 1 PM 5. 11/09/2024 - 4:00 PM 6. 11/10/2024 - 1 PM		ENTRY #		
2. 11/03/2024 - 1:00 PM 4. 11/03/2024 - 4:00 PM			SQUAD#		
			AMOUNT PAID		
FIRST CHOICE	SECOND CHOICE	•			

Please include USBC # and PRINTED name for each bowler below. Lanes will be assigned and bowlers will stay on the same pair for all three games.

TEAM NAN	<b>ЛЕ:</b>			CHECK HERE TO ENTER OPTIONAL TEAM SCRATCH PRIZE LIS		
USBC #	BOWLER 1					
USBC #	BOWLER 2					
USBC #	BOWLER 3					
USBC #	BOWLER 4					
INCOMPL	ETE FORMS WILL NOT BE P	ROCESSED AND W	ILL BE RETURNED TO TH	IE TEAM CAPTAIN OR DESIGNEE FOR COMPL	LETION!!!	
CAPTAIN or DESIGNEE:			ADDRESS:	ADDRESS:		
CITY: ST:		ZIP:	PHONE:			
CAPTAIN OR I	DESIGNEE E-MAIL ADDI	RESS:				
ALL COF	RRESPONDENCE	WILL BE	WITH THE TE	AM CAPTAIN OR DESIGN	NEE!!	

ALL bowlers are automatically entered in Handicap and Scratch All Events with no additional fee

SEND COMPLETED FORM AND FEES TO:

CA USBC TOURNAMENT 404 RIDGE ROAD MAHOMET, IL 61853

**QUESTIONS** ????

email us at e-mail champaignareausbc@gmail.com

MAKE CHECKS PAYABLE TO
Champaign Area USBC
PAYPAL TO
champaignareausbc@gmail.com

## TOTAL FEES MUST ACCOMPANY THIS ENTRY Pay by PAYPAL -

## champaignareausbc@gmail.com

(This includes regular fees and optional scratch prize fund fees) Please indicate entry paid for, players, squads and if scratch

COMPUTE ENTRY FEES HERE					
\$					
¢.					
<b>D</b>					
\$					
Ψ					
<b>\$</b>					