



OHIO STATE USBC YOUTH ASSOCIATION

2018 OHIO STATE USBC YOUTH – Certification # _____

SINGLES HANDICAP TOURNAMENT

DISTRICT ____ ENTRY FORM

CHECK PROPER DIVISION:

Date of Birth: _____

Girls 8 & under (Handicap) _____

Girls 10 & under (Handicap) _____

Girls 12 & under (Handicap) _____

Girls 15 & under (Handicap) _____

Girls 20 & under (Handicap) _____

Boys 8 & under (Handicap) _____

Boys 10 & under (Handicap) _____

Boys 12 & under (Handicap) _____

Boys 15 & under (Handicap) _____

Boys 20 & under (Handicap) _____

FILL IN DATE & TIME:

SELECT A 1ST, 2ND & 3RD CHOICE:

1ST DATE / TIME

2ND DATE / TIME

3RD DATE / TIME

OFFICIAL USE ONLY

ENTRY #: _____

DIV: _____

AVG: _____

HDCP: _____

ENTRY FEE: _____

CHECK #: _____

CONFIRMATION LETTERS WILL NOT BE SENT; YOU WILL RECEIVE YOUR FIRST PREFERENCE UNLESS OTHERWISE NOTIFIED. PLEASE MAKE NOTE OF THE DATE AND TIME.

(Name as listed on USBC Membership Card) () _____ H

PRINT NAME: _____ PHONE #: () _____ C

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ USBC ID #: _____

E-MAIL: _____

ENTER ALL LEAGUES YOU HAVE BOWLED OR SUBSTITUTED IN THIS SEASON:

CENTER CERTIFIED LEAGUE NAME(S) AVERAGE AS OF 1/1/2018

1. _____

2. _____

BOWLER'S VERIFICATION:

Bowling Center: _____ Phone #: () _____

Coach's Name: _____ Phone #: () _____

Bowler's Signature: _____

ENTRIES MUST BE POSTMARKED BY FEBRUARY 2, 2018. PLEASE MAKE CHECKS OR MONEY ORDER PAYABLE TO: OHIO STATE USBC YOUTH – SINGLES HANDICAP TOURNAMENT ENTRY FEE: \$25.00 (Ratio of return for scholarships: 1 out of every 10 entries or major fraction thereof)