

# Missouri State USBC Youth Championships Entry Form

## COORDINATOR / CONTACT INFO

Team Name \_\_\_\_\_

Local Association \_\_\_\_\_

Bowling Center Name \_\_\_\_\_

Name \_\_\_\_\_ USBC ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

## OFFICIAL USE ONLY

Entry No. \_\_\_\_\_

Received Date \_\_\_\_\_ Amount \_\_\_\_\_

Team Date \_\_\_\_\_ Team Squad \_\_\_\_\_

D/S Date \_\_\_\_\_ D/S Squad \_\_\_\_\_

MAIL ENTRIES TO:

**Deann Megonnell, Tournament Director**  
10514 Nani Road Warsaw, MO 65355  
YouthTournamentDirector@mousbc.org

## OFFICIAL ENTRY ROSTER

	USBC Number	Bowler Name on USBC Card	Average (1/1/21)	Optional Team Scholarship \$5	Optional Doubles Scholarship \$5	Optional Singles Scholarship \$5	Optional A/E Scratch Scholarship \$5
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### BOX 1: TEAM EVENT

	Our team will bowl scratch Bowler Name <input type="checkbox"/>	Optional A/E HDCP \$1	Optional A/E Scratch \$1
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>

### BOX 2: DOUBLES & SINGLES EVENTS

	Bowler Name	Doubles Scratch Division #5	Singles Scratch Division #5
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>

### BOX 3: SINGLES ONLY EVENT

	Bowler Name DO NOT ENTER BOWLER IF ENTERED IN D/S BOX ABOVE	Singles Scratch Division #5
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>

### ENTRY FEE BREAKDOWN

Per Event Per Bowler	
Bowling	\$6.00
Awards	\$3.75
Expenses	<u>\$4.25</u>
<b>TOTAL</b>	<b>\$14.00</b>
Optional A/E HDCP & Scratch	\$1.00
Optional Scholarships	\$5.00
	per event

___ Team (Box 1)	@	\$56 =
___ Doubles (Box 2)	@	\$28 =
___ Singles (Box 3)	@	\$14 =
___ A/E Handicap	@	\$1 =
___ A/E Scratch	@	\$1 =
___ Scholarship Entries	@	\$5 =
___ Late Fees	@	\$5 =
<b>TOTAL DUE</b>		<b>\$ _____</b>

Make checks payable to:

**MISSOURI STATE USBC**

**PLEASE COMPLETE RULES ACKNOWLEDGMENT FORM ON BACK**

**2021 MISSOURI STATE USBC YOUTH CHAMPIONSHIPS**  
**RULES ACKNOWLEDGMENT AND PERMISSION TO USE PICTURES ON MOUSBC WEBSITE OR FACEBOOK**

1. _____ Bowler Name (Print)	_____ Bowler Signature	_____ Parent Signature
2. _____ Bowler Name (Print)	_____ Bowler Signature	_____ Parent Signature
3. _____ Bowler Name (Print)	_____ Bowler Signature	_____ Parent Signature
4. _____ Bowler Name (Print)	_____ Bowler Signature	_____ Parent Signature
5. _____ Bowler Name (Print)	_____ Bowler Signature	_____ Parent Signature
6. _____ Bowler Name (Print)	_____ Bowler Signature	_____ Parent Signature

**APRIL 2021**

**MAY 2021**

Sun	Mo	Tue	We	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Sun	Mo	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	16	20	21	22
23	24	25	26	27	28	29

**SQUAD TIMES**

FRIDAY 7:00 PM TEAM ONLY (LIMITED LANES AVAILABLE) — NO FRIDAY SQUAD ON APRIL 16

SATURDAY 9:00 AM, 1:00 PM and 5:00 PM

SUNDAY 9:00 AM and 1:00 PM

**Practice will begin 10 Minutes before squad time.**

**Confirmation Letters will be emailed to coordinator**

<b>TEAM SQUAD (DATE &amp; TIME)</b>
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<b>D&amp;S SQUAD (DATE &amp; TIME)</b>
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1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

Please indicate dates you cannot bowl

<p><b>MAIL TO:</b></p> <p>_____</p> <p>Name (Bowling Center)</p> <p>_____</p> <p>Street Address (No PO Boxes)</p> <p>_____</p> <p>City, State, Zip Code</p>
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This is the mailing label for awards won on this entry.  
Please print clearly.