

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:

Lori Gage, Tournament Director
3103 Mitchell Ave. St. Joseph, MO 64507
YouthTournamentDirector@mousbc.org

OFFICIAL ENTRY ROSTER

	USBC Number	Bowler Name on USBC Card	Average (1/1/22)	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
A1.		<input type="checkbox"/>	<input type="checkbox"/>
A2.		<input type="checkbox"/>	<input type="checkbox"/>
B1.		<input type="checkbox"/>	<input type="checkbox"/>
B2.		<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	\$8.00
Awards	\$3.75
Expenses	<u>\$3.25</u>
TOTAL	\$15.00
Optional A/E HDCP & Scratch	\$1.00
Optional Scholarships	\$5.00
	per event

___ Team (Box 1)	@	\$60 =	___
___ Doubles (Box 2)	@	\$30 =	___
___ Singles (Box 3)	@	\$15 =	___
___ A/E Handicap	@	\$1 =	___
___ A/E Scratch	@	\$1 =	___
___ Scholarship Entries	@	\$5 =	___
___ Late Fees	@	\$5 =	___
TOTAL DUE		\$	___

Make checks payable to:

MISSOURI STATE USBC

PLEASE COMPLETE RULES ACKNOWLEDGMENT FORM ON BACK

2022 MISSOURI STATE USBC YOUTH CHAMPIONSHIPS
RULES ACKNOWLEDGMENT AND PERMISSION TO USE PICTURES ON MOUSBC WEBSITE OR FACEBOOK

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

APRIL 2022

MAY 2022

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	19	20	21
22	23	24	25	26	27	28
29	30	31				

SQUAD TIMES

SATURDAYS & SUNDAYS 9:00 AM and 1:00 PM

Confirmation Letters will be emailed to coordinator

TEAM SQUAD (DATE & TIME)

D&S SQUAD (DATE & TIME)

1. _____

1. _____

2. _____

2. _____

Please indicate dates you cannot bowl

MAIL TO:

Name (Bowling Center)

Street Address (No PO Boxes)

City, State, Zip Code

This is the mailing label for awards won on this entry.
Please print clearly.