

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

3034 Felix St. St. Joseph, MO 64501

YouthTournamentDirector@mousbc.org

OFFICIAL ENTRY ROSTER

	USBC Number	Bowler Name on USBC Card	Average (1/1/23)	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

	Bowler Name	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
A1.	
A2.	
B1.	
B2.	

ENTRY FEE BREAKDOWN

Per Event Per Bowler

Bowling	\$8.70
Awards	\$3.50
Expenses	\$2.80
TOTAL	\$15.00

Optional A/E
HDCP & Scratch \$1.00 per event

Optional Scholarships \$5.00 per event

Team (Box 1)	@	\$60 =
Doubles & Singles (Box 2)	@	\$60 =
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

2023 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 2023

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

MAY 2023

Sun	Mo	Tue	Wed	Thu	Fri	Sat
30	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)

1. _____

2. _____

Please indicate dates you cannot bowl

D&S SQUAD (DATE & TIME)

1. _____

2. _____

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.