

# 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 (1/1/24)	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	\$10.00
Awards & Expenses	\$5.00
<b>TOTAL</b>	<b>\$15.00</b>

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 =	_____
	<b>TOTAL DUE</b>	<b>\$</b>	_____

Make checks payable to:  
**MISSOURI STATE USBC**

**PLEASE COMPLETE RULES ACKNOWLEDGMENT FORM ON BACK**

**2024 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 2024**

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				

**SQUAD TIMES**

SATURDAYS 9:00 AM, 1:00 PM, 5:00 PM SUNDAYS 9:00 AM, 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.