

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:

Dennis Hacker, Tournament Director
34 PCR 511 Perryville, MO 63775
YouthTournamentDirector@mousbc.org

OFFICIAL ENTRY ROSTER

	USBC Number	Bowler Name on USBC Card	Average (1/1/25)	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	\$12.00
Awards & Expenses	\$8.00
TOTAL	\$20.00

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

Optional Scholarships \$5.00 per event

PLEASE COMPLETE RULES ACKNOWLEDGMENT FORM ON BACK

___ Team (Box 1)	@ \$80 =	_____
___ Doubles & Singles (Box 2)	@ \$80 =	_____
___ A/E Handicap	@ \$1 =	_____
___ A/E Scratch	@ \$1 =	_____
___ Scholarship Entries	@ \$5 =	_____
___ Late Fees	@ \$5 =	_____
	TOTAL DUE	\$ _____

Make checks payable to:

MISSOURI STATE USBC

2025 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 2025

MAY 2025

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	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	31

SQUAD TIMES

SATURDAYS 9:00 AM, 1:00 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.