

## South Point Senior Shootout Entry Form

Last Name		First Name		MI	DOB	E	ntry Numbe	er (office use only)	
Address			City			State		ZIP	
Address Line 2 (if applicable)			USBC # (if applicable)		PE	PBA # (if applicable)		Hand (R/L)	
Country		Mobile Phone		Home Phone		e Othe		er Phone / Fax	
	e-M	<i>l</i> lail			SSN		Gender (M		(M / F)
Entered: Sho			Turbo Challenge (Nov. 14 Only \$200 ard accepted. Check	ge Challe Only) (Nov. 15 \$20		ge Only)	Haynes Bo Supply Chal (Nov. 16 C \$200 checks accepted after 10/		allenge Only) )
Credit/Debit Card Info:	Туре	Name on Care	d	Card Numb	er			Exp. Date	CVV
Mail entries to: SPSS, 8105 Devils Canyon St., North Las Vegas, NV 89085-4425									
TERMINATION / RELEASE CLAUSE									
To the Tournament Director of the South Point Senior Shootout (SPSS): I hereby make application to participate in the SPSS event(s) listed and tender the entry fees required therefore. I warrant that I am a USBC member. I agree to abide by all tournament playing rules and regulations prescribed by SPSS, including all provisions set forth on this form. I specifically agree for myself and any replacement chosen by me or for me that if I am not eligible for participation and/or cannot bowl in the SPSS, then my prize, bowling, and expense fees shall be forfeited and all sums tendered by me as prize, bowling, and expense fees may be retained by SPSS as liquidated damages. The entrant whose name appears hereon or my authorized replacement hereby agrees that the SPSS, its officers and agents shall be liable only to the extent of returning entry fees, less expenses, if and when that entrant shall be prevented from bowling any event in the tournament through premature termination of the tournament, which may be brought about by war, national emergency, or emergencies or causes relating thereto resulting therefrom, fires, labor difficulties, terrorism or threats of terrorism, or other causes beyond the control of SPSS. I further agree that SPSS may use my name and likenesses (including video) for promotional purposes at no cost to me and with no fees being paid to me.  The entrant whose name appears on this application and/or authorized replacement hereby agrees that the SPSS and its officers and agents shall not be liable for any injury resulting from participation in bowling a SPSS tournament, absent									
willful or gross neglige	nce on th	e part of SP		N			<del></del>	4-	
Signature			Print 1				Da	Date	
Date Entry Receive	Date Entry Received Date Payme		ment Received	Use Only Amou	Amount Received		Pa	Payment Method	
Date Entered in Database				Entered By					