

## South Point Senior Shootout Entry Form

Last Name		First I	First Name		MI DOB		Entry Number (office use only)			
Address			City		State		Z	ZIP		
Address Line 2 (if applicable)			USBC # (if applicable)		PBA # (if applicable)		Han	Hand (R/L)		
Country		Mobile Phone		Home Phone		ne	Other Phone		ax	
e-Ma		Mail	lail		SSN		Gender (M		(M / F)	
Event(s) Entered:			Turbo Challenge (Nov. 14 Only \$200		Logo Infusion Challenge (Nov. 15 Only) \$200		checks acce	Haynes Bowling Supply Challenge (Nov. 16 Only) \$200		
Credit/Debit Card Info:	Card Type	Name on Card	raccepted. Check	Card Nur		notout. No	checks acce	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 negligence on the part of SPSS.										
Signature		Print 1	Name			Date				
Date Entry Received Date Payme			Office ent Received	Use Only Am	-		ayment Metho	od		
Date Entered in Database					Entered By					