South Point Senior Shootout
Entry Form

Last Name	First Name	MI	DOB	Entry Number (office use only)

Address	City	State	ZIP

Address Line 2 (if applicable)	USBC # (if applicable)	PBA # (if applicable)	Hand (R/L)

Country	Mobile Phone	Home Phone	Other Phone / Fax

e-Mail	SSN	Gender (M / F)

Event(s) Entered:	☐ South Point Senior Shootout (11/14-18) (All 4): $750	☐ Monday Challenge (Nov. 15 Only) $200	☐ Logo Infusion Challenge (Nov. 16 Only) $200	☐ Haynes Bowling Supply Challenge (Nov. 17 Only) $200

Check, Cash, Money Order, and Credit/Debit Card accepted. Checks payable to Senior Shootout. NO checks accepted after 10/15/16.

Credit/Debit Card Info:	Card Type	Name on Card	Card Number	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 Name	Date

Office Use Only

Date Received	Amount Received	Payment Method
Date Entered		Entered By