



**2018 COLORADO STATE USBC
YOUTH CHAMPIONSHIP TOURNAMENT**
USBC CERTIFIED

ENTRY #: _____
DATE REC: _____

ENTRIES CLOSE APRIL 7, 2018				Brunswick Zone Westminster 9150 Harlan St Westminster, CO 80030 PH # 303-426-6352
CREDIT CARDS NOW ACCEPTED PLEASE ENTER INFORMATION AT THE BOTTOM				
TEAM NAME:				

PRINT	PLEASE PRINT FULL NAME AS APPEARS ON USBC CARD	BOWLER'S ID NUMBER	2016 - 17 AVERAGE	3/1/18 AVERAGE	SEX	DOB
1	FULL NAME					
	HOME ADDRESS					
	CITY/STATE ZIP CODE					
2	FULL NAME					
	HOME ADDRESS					
	CITY/STATE ZIP CODE					
3	FULL NAME					
	HOME ADDRESS					
	CITY/STATE ZIP CODE					
4	FULL NAME					
	HOME ADDRESS					
	CITY/STATE ZIP CODE					

TEAM CAPTAIN _____ E-MAIL ADDRESS for Confirmation _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

Youth Director Name: _____ **Youth Director Phone # and Email:** _____
Youth's Bowling Center: _____ **Bowling Center's Phone #:** _____

*****YOUTH DIRECTOR'S/PARENTS YOU MUST SUBMIT A 3/1/18 STANDING SHEET TO VERIFY CURRENT AVERAGE WITH EACH ENTRY*****

TOURNAMENT DATES: May 5, 6, 12 & 13, 2018

TEAM SQUAD TIMES:	1ST CHOICE:	2ND CHOICE:	DOUBLES SQUAD TIMES:
SAT: 9:00 AM	DATE: _____	DATE: _____	SAT: 1:00 PM
SUN: 1:30 PM	TIME: _____	TIME: _____	SUN: 9:00 AM

HIGH SCHOOL EVENT \$6.00: \$5.00 SCHOLARSHIP & \$1.00 EXPENSES

SETS OF DOUBLES (MUST HAVE TWO BOWLERS FOR EACH SET)					
Sets	Position on team	HANDICAP EVENTS			HIGH SCHOOL EVENT
		\$36.00 DBLS	\$18.00 SGLS	\$2.00 AE	
1					\$6.00
2					

HANDICAP	HIGH SCHOOL EVENT
___ TEAM @ \$72 = _____	___ @ 6.00= _____
___ DBLS @ \$36 = _____	
___ SGL @ \$ 18 = _____	
___ AE @ \$ 2 = _____	
GRAND TOTAL: _____	

1ST CHOICE:
DATE: _____
TIME: _____

2ND CHOICE:
DATE: _____
TIME: _____

ALL-EVENTS: \$2.00 INTO SCHOLARSHIPS

ENTRY FEE \$18 PER PERSON PER EVENT***SCHOLARSHIP \$6.00 - EXPENSES \$12.00**

MAIL CHECK AND ENTRY TO:
 COLORADO STATE USBC
 299 Gill Creek Ct, Grand Junction, CO 81503
 Tournament Manager: Shelley Moore PHONE: (970) 523-6550 email: smoore@nexstar.tv
 Website: www.coloradostateusbc.com

NAME ON CARD: _____ **EXPIRATION DATE:** _____
CREDIT CARD: VISA, M/C, DISC CARD #: _____ **SECURITY CODE:** _____