

July 14-15, 22-25, 29-31, 2016

USBC CERTIFIED #07111



Expo Bowl
5261 Elmwood Ave.
Indianapolis, IN 46203
(317) 787-3448

DATE	TEAM	DBLS/SNGLS	DBLS/SNGLS	TEAM	DBLS/SNGLS
Thurs 14-Jul	10:00 AM	10:00 AM	2:00 PM	6:00 PM	6:00 PM
Fri 15-Jul	8:00 AM	12:00 PM	4:00 PM		8:00 PM
Fri 22-Jul	8:00 AM	12:00 PM	4:00 PM	8:00 PM	
Sat 23-Jul	8:00 AM	12:00 PM	4:00 PM		8:00 PM
Sun 24-Jul	8:00 AM	11:00 AM	2:00 PM		
Mon 25-Jul	8:00 AM	11:00 AM	2:00 PM		
Tues 26-Jul					
Wed 27-Jul					
Thurs 28-Jul					
Fri 29-Jul	8:00 AM	11:00 AM	2:00 PM		
Sat 30-Jul	8:00 AM	11:00 AM			
Sun 31-Jul	8:00 AM	11:00 AM			

COMPLETE THIS SECTION		
TEAM CONTACT (MUST BE 18 YEARS OR OLDER)	DAY PHONE	
STREET ADDRESS	EVENING PHONE	
CITY STATE ZIP		
EMAIL ADDRESS		
TEAM NAME/HOME CENTER		
PREFERRED TEAM NAME/NUMBER TO CROSS WITH (NOT GUARANTEED)		
PREFERRED DATE & TIME - SQUADS WILL BE ON FRESH OIL		ALL EVENTS
		TEAM
		DBLS/SGLS
2ND OPTION- DATE & TIME - WILL BE USED IF FIRST OPTION IS NOT AVAILABLE		EVENTS
		TEAM
		DBLS/SGLS

PLEASE CHECK BOX FOR HANDICAP TEAM OPTION

LINE UP	NATIONAL ID #	LAST NAME, FIRST NAME	ADDRESS	GENDER	DOB
1.					
		EMAIL:			
2.					
		EMAIL:			
3.					
		EMAIL:			
4.					
		EMAIL:			

DOUBLES & SINGLES (MUST BOWL BOTH EVENTS) DOUBLES DIVISION BASED ON AGE OF OLDEST COMPETITOR. TWO FEMALE BOWLERS ON THE SAME DOUBLES TEAM WILL AUTOMATICALLY BOWL IN THE GIRLS ONLY DIVISION

SETS	LAST NAME, FIRST NAME	ALL-EVENTS SCRATCH	ALL-EVENTS HDCP OPTION	SINGLES HDCP OPTION	DOUBLES HDCP OPTION
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

USE THIS SECTION FOR THE COST OF THIS ENTRY MUST ENTER SCRATCH TO ENTER HDCP OPTION	
TEAM COST - \$140 PER TEAM (AFTER 7/14/16-\$160)	\$
DOUBLES & SINGLES COST - \$70 PER PERSON (AFTER 7/14/16 \$80 PER PERSON)	\$
ALL EVENTS COST - \$5 PER PERSON	\$
TEAM COST - Handicap Option - \$40 PER TEAM	\$
DOUBLES - Handicap Option - \$10 PER PERSON (BOTH PARTNERS MUST PAY TO ENTER)	\$
SINGLES - Handicap Option - \$10 PER PERSON	\$
ALL EVENTS - Handicap Option - \$5 PER PERSON	\$
TOTAL FROM ALL ENTRIES	

ACCOUNT # _____
 EXP DATE _____ CCV# _____
 NAME AS IT APPEARS ON CARD _____
 EMAIL OF CARD HOLDER _____
 DAY TIME TEL. # OF CARD HOLDER _____
 MY SIGNATURE BELOW AUTHORIZES A CHARGE REQUEST FOR \$ _____
 SIGNATURE _____

METHOD OF PAYMENT: MASTER CARD VISA
 CHECK MONEY ORDER/CASHIER'S CHECK
 CHECKS PAYABLE TO: IBC YOUTH BOWLING

DATE RECEIVED BY USBC



ONLINE ENTRIES CLOSE: JULY 1, 2016

Questions? Please call (800) 514-2695 ext. 8426

MAIL FORM TO: YOUTH OPEN • 621 SIX FLAGS DR. ARLINGTON, TEXAS 76011 • FAX (817) 385-8262 • (800) 514-2695 ext. 8426