

SAGINAW ALL STARS FORM

NAME _____ DATE OF BIRTH _____ MALE ___ FEMALE ___

ADDRESS _____

TELEPHONE # _____ SHIRT SIZE _____

AVERAGES

LEAGUE	CENTER	PINS	GAMES	AVERAGE	SECRETARY SIGNATURE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE RETURN FORM TO: SAGINAW USBC
4115 SHATTUCK RD.
SAGINAW, MI 48603

PRELIMINARY FORM WITH AVERAGE AS OF **FEBRUARY 1, 2010**, DUE BY **FEBRUARY 10, 2010**.

FINAL FORM WITH AVERAGE AS OF **APRIL 1, 2010**, MUST BE RECEIVED BY **APRIL 10, 2010**, TO BE CONSIDERED FOR THE ALL STAR TEAM.

THERE WILL BE NO EXCEPTIONS.

BOWLER'S SIGNATURE

DATE