

TEAM NAME _____ LEAGUE _____ ENTRY NO.

CAPTAIN _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

NOTE: IF NO 2010-2011 AVERAGE, LEAVE SPACE BLANK.
 CAPTAINS, PLEASE CHECK ENTERING AVERAGES WITH YOUR TEAM MEMBERS. READ RULE 5.

TEAM SINGLES \$60.00 per team
 SINGLES \$20.00 per bowler

HANDICAP ENTRY FEE:

TEAM LINE UP - IN BOWLING ORDER	Certification Number	Highest Final 2010/11 Avg.	HDCP Leave Blank
1.			
2.			
3.			
Sub.			
Sub.			
Sub.			

TEAM FEE: _____
 SINGLES _____

TOTAL

Dates Preferred: 1st _____ 2nd _____ 3rd _____
 Squad Preferred: 1st _____ 2nd _____ 3rd _____

DATES & SQUAD

SINGLES

	Singles	Certification Number	2010/11 Average	HDCP Leave Blank
1.				
1.				
1.				
1.				
1.				
1.				
1.				

TEAM

Saturday 1-14 1:00 p.m.
 Sunday 1-15 11:30 a.m.
 Saturday 1-21 2:00 p.m.
 Sunday 1-22 11:30 a.m.

SINGLES

Sunday 1-15 8:30 a.m.
 Saturday 1-21 10:30 a.m.
 Sunday 1-22 8:30 a.m.
 Saturday 1-28 1:00 p.m.
 Sunday 1-29 8:30 a.m.
 Sunday 1-29 11:30 a.m.