

SAGINAW ALL-STARS FORM

NAME _____ DATE OF BIRTH _____ MALE ___ FEMALE ___

ADDRESS _____

TELEPHONE# _____ CELL# _____ SHIRT SIZE _____

PLEASE INDICATE SQUAD APPLYING FOR:
 REGULAR ___ SENIOR ___ SUPER SENIOR ___

AVERAGES

LEAGUE	CENTER	PINS	GAMES	AVE.	SECRETARY SIGNATURE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE RETURN FORM TO: SAGINAW USBC
 4115 SHATTUCK RD.
 SAGINAW, MICHIGAN 48609

FINAL FORM WITH AVERAGE AS OF APRIL 1st, MUST BE RECEIVED BY APRIL 10th, TO BE CONSIDERED FOR ONE OF THE SPOTS ON THE ALL-STAR TEAM.

THERE WILL BE NO EXCEPTIONS

BOWLERS SIGNATURE _____ DATE _____