

# SAGINAW ALL STARS FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

SHIRT SIZE: Woman's \_\_\_\_\_ Men's \_\_\_\_\_

PLEASE INDICATE SQUAD APPLYING FOR: REGULAR \_\_\_ SENIOR \_\_\_ SUPER SENIOR \_\_\_

## AVERAGES

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

PLEASE RETURN FORM TO: SAGINAW USBC  
PO Box 5903  
SAGINAW, MI 48603-0903

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

**THERE WILL BE NO EXCEPTIONS.**

\_\_\_\_\_  
BOWLER'S SIGNATURE

\_\_\_\_\_  
DATE