

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	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