

Entry No.		TEAM	VISA _____ MASTER CARD _____	TEAM EVENT		DOUBLES EVENT		Reservation #
		DBLS	Cardholders Name	Date	Time	Date	Time	When entering dates and time you would like to bowl please remember the events are in one center, if squad is full for team it will be for dbls
		A.E.	Card No.	1				
Squad #	Over/Short	NBS	Signature	2				
		TOTAL	Expiration Date	3				
		REC'D	5% Fee on all Credit Card Sales					

TEAM NAME _____ (type or print)					\$80.00 per Team			ALL EVENTS \$7.00 per Person	NO BOWL SINGLES \$10.00 EACH
Team Line-up									
Last Name, First Name		(M/F)	USBC ID #	Average	CITY, STATE, ZIP CODE				
1									
2									
3									
4									

DOUBLES \$40.00 per couple		<u>DO NOT WRITE</u> SQUAD	Request team to be paired with (see RULE 8) >	IMPORTANT NOTICE You must obtain your local Association Manager's verification if he or she has not filed an average book with the PS USBC BA I hereby certify that averages for all bowlers listed are correct and authentic according to my records Men Women	Prize Checks will be mailed to the team captain shown below:
1					Team Captian:
2					Address:
1					City
2					State ZIP Code
IF ONLY BOWLING DOUBLES, PLEASE FILL IN NECESSARY INFORMATION IN THE TEAM SECTION (NAME, USBC ID#, AVE & ADD)				Phone:	
				E-Mail Address:	
PLEASE COMPLETE BACK OF APPLICATION					

IRS REGULATIONS REQUIRE THE PS USBC BA TO REPORT ALL INDIVIDUALS WHO RECEIVE \$600.00 OR MORE IN PRIZE MONEY. FAILURE TO SUPPLY YOUR SOCIAL SECURITY NUMBER WILL RESULT IN A HOLD OF ALL PRIZE CHECKS FOR THE ENTRY AS WELL AS WITHHOLDING OF FEDERAL TAX.