

55th Youth City Tournament - TEAM ENTRY

Entry No _____ Squad _____ Total \$\$\$ Paid _____

BOWLING CENTER _____ TEAM NAME _____ Captain _____

\$12.00 per Bowler per Event – Bumpers - \$9.00 per Bowler per Event

	LAST NAME	FIRST NAME	ID#	AVE	DIV
1					
2					
3					
4					

PLEASE CIRCLE THE DAY & TIME PREFERRED

Saturdays, March 16, 23, 30 @ 1 PM or 3:30 PM. Sundays, March 17, 24, 31 @ 3 PM

METHOD OF PAYMENT: CASH _____ CHECK _____ CREDIT CARD (MasterCard, Discover or Visa)

_____ 16 digits Exp date _____

Signature of Cardholder _____

\$30.00 RETURNED CHECK FEE

Mail entries to: Central Ohio – USBC Youth, 643 S Hamilton Rd, Columbus, OH 43213

~~~USBC CERTIFIED~~~