

INSTRUCTIONS: Please print clearly or type. Fill in all information requested. Check the appropriate division for each event that this entry is submitting for and enclose check for proper amount. Attach all average verifications forms to each entry.

**Pennsylvania State USBC Youth Association
Annual Open Championship Tournament**
 Mail to: Bill Keeney, Tournament Director
 943 Vista Dr LeRaysville PA 18829
 Phone: (570) 744-2981 Fax: (570) 744-1305
 E-Mail: wkeeney@bowlpa.org

DO NOT WRITE IN THESE SPACES	
ENTRY NUMBER	
DATE RECEIVED	
DATE ENTERED	
AMOUNT RECEIVED	
CASH/CHECK #	

Entry Contact Information

Enter Your Advance Reservation Confirmation Number Here:

Name:	Evening Phone:
Address:	Daytime Phone:
	E-Mail
City, State, Zip:	Association: District:

Bowlers contact information for this entry.

#	Name National ID	Address City, State, Zip	Birth Date Gender (M/F)	Entering Avg.
1				
	List all leagues above bowler participates in.	League: League:	Center: Center:	
2				
	List all leagues above bowler participates in.	League: League:	Center: Center:	
3				
	List all leagues above bowler participates in.	League: League:	Center: Center:	
4				
		League: League:	Center: Center:	

Team Event

Doubles Event

Team Name:	#	Enter the bowler's number and name.
Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>		Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/> Squad Choice
Bowling Order	1	1 st :
#	2	2 nd :
1		Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/> Squad Choice
2	1	1 st :
3	2	2 nd :
4		
1 st Squad Choice:	<p align="center">Please attach January 1 Average sheet to Entry Form! Also Include Payment or attach receipt from online Payment!</p>	
2 nd Squad Choice:		

Singles Event

All Events

#	Enter the bowler's number and name.	Hdcp	Scratch	1 st Squad Choice	2 nd Squad Choice	Handicap	Scratch
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>