

HANDICAP SCHOLARSHIP SINGLES TOURNAMENT ENTRY FORM

CENTER NAME: _____

LEAGUE NAME: _____

BOWLER NAME: _____ MEM ID#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

BIRTH DATE: _____

JAN 1 AVG: _____ PARTICPATING IN PEPSI: YES ____ NO ____ (Check One)
ATTACH AVERAGE VERIFICATION SHEET

DIVISION: _____

PREFER TO BOWL IN DISTRICTS ON (Circle choice – if available, check District schedules)

Saturday AM Saturday PM Sunday AM Sunday PM

Please return this form to your youth league coordinator.

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