

**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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