



USBC YOUTH OPEN

JULY 9, 10, 15-20, 22-24, 2010

EVENT CERTIFIED BY USBC CERTIFICATION # 8768

COMPLETE THIS SECTION	
TEAM CONTACT (MUST BE 18 YEARS OR OLDER)	AREA CODE/DAY PHONE
STREET ADDRESS	AREA CODE/NIGHT PHONE
CITY STATE, ZIP	
EMAIL ADDRESS	
TEAM NAME	
CHECK HERE TO CROSS LANES WITH TEAM # (NOT GUARANTEED): _____ ALL OTHER TEAMS WILL BE RANDOMLY SCHEDULED	

PLEASE CIRCLE SQUAD CHOICE

DATES	TEAM	DOUBLES/SINGLES	
JULY 9	8:00 AM	11:00 AM	2:00 PM
JULY 10	8:00 AM	11:00 AM	
JULY 15	9:00 AM	12:00 PM	3:00 PM
JULY 16	9:00 AM	12:00 PM	3:00 PM
JULY 17	9:00 AM	12:00 PM	3:00 PM
JULY 18	9:00 AM	12:00 PM	3:00 PM
JULY 19	9:00 AM	12:00 PM	3:00 PM
JULY 20	9:00 AM	12:00 PM	3:00 PM
JULY 22	9:00 AM	12:00 PM	3:00 PM
JULY 23	9:00 AM	12:00 PM	3:00 PM
JULY 24	9:00 AM	12:00 PM	3:00 PM

LINE UP	NATIONAL ID #	LAST NAME, FIRST NAME	ADDRESS	AVG	GENDER
1.					
		EMAIL:			
2.					
		EMAIL:			
3.					
		EMAIL:			
4.					
		EMAIL:			

SETS OF DOUBLES & SINGLES (MUST HAVE TWO BOWLERS FOR EACH SET & MUST BOWL BOTH EVENTS)		
SETS	LAST NAME, FIRST NAME	ALL-EVENTS Y/N
1		
2		

USE THIS SECTION FOR THE COST OF THIS ENTRY	
TEAM COST (FOUR PERSONS) \$120.00	\$
DOUBLES & SINGLES COST \$120.00 EACH SET	\$
ALL-EVENTS \$5.00 FOR EACH PERSON	\$
TOTAL	\$
LESS ANY ADVANCE PAYMENT	\$
YOU OWE THIS AMOUNT FOR ENTRY	\$
TOTAL FOR THIS ENTRY	\$

METHOD OF PAYMENT: <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> CASHIER'S CHECK or CERTIFIED CHECK <input type="checkbox"/> MONEY ORDER CHECKS PAYABLE TO: USBC YOUTH OPEN
ACCOUNT # _____
EXP DATE _____
NAME AS IT APPEARS ON CARD _____
EMAIL OF CARD HOLDER _____
DAYTIME TEL. # OF CARD HOLDER _____
MY SIGNATURE BELOW AUTHORIZES A CHARGE REQUEST FOR \$ _____
SIGNATURE _____

DATE RECEIVED BY USBC

YO - 10138 11/09