

2009 Capital Area USBC Association Women's Tournament

October 31, November 1, 7, and 8, 2009

ENTRIES CLOSE MIDNIGHT OCTOBER 16, 2009

www.raleighbowling.com

TEAM ENTRY FORM

TEAM NAME: _____

PLEASE WRITE ALL INFORMATION REQUESTED CLEARLY & LEGIBLY. MARK THE EVENT BOWLING WITH A CHECK MARK.

\$20.00 PER EVENT, \$5.00 ALL EVENTS HDCP, AND \$5.00 ALL EVENTS SCRATCH.

	Bowler Name (last, first, middle) <i>list team lineup in order to bowl</i>	Bowler ID #	Average	2008-09 Events	Division	All Events	Partner (no.)
1				T		HDCP	
				D & S		SCRA	
2				T		HDCP	
				D & S		SCRA	
3				T		HDCP	
				D & S		SCRA	
4				T		HDCP	
				D & S		SCRA	

t - team d & s - doubles & singles htcp - handicap scra - scratch

Division - R - Regular C - Classic S - Senior

TEAM

SINGLES & DOUBLES

SQUAD DATES

(Mark 1st and 2nd Choice)

	Sat. 10/31/09 1:00 pm
	Sat. 10/31/09 4:00 pm
	Sun. 11/8/09 10:00 am
	Sun. 11/8/09 1:00 pm

	Sun. 11/1/09 10:00 am
	Sun. 11/1/09 1:30 pm
	Sat. 11/7/09 1:00 pm
	Sat. 11/7/09 4:30 pm

Confirmations will be via e mail only

Team Captain: _____ Phone: _____

Address, City, and Zip: _____

E Mail Address: _____

I certify that all information above is correct and that you have read the tournament rules. You understand that you will only receive confirmation via e mail and will be contacted if you do not get first choice.

TEAM CAPTAIN'S SIGNATURE: _____ DATE: _____

MAKE ALL CHECKS PAYBLE TO CAUSBCA TOURNAMENT

CAUSBCA USE ONLY BELOW LINE

	FEES COLLECTED
TEAM EVENT	_____
SINGLES	_____
DOUBLES	_____
ALL EVENTS HDCP	_____
ALL EVENTS SCRATCH	_____
TOTAL	_____

Capital Area USBCA
307 Sugar Maple Ave
Wake Forest, NC 27587

ENTRY NO: _____
 CHECK NO: _____
 DATE REC: _____