

DO NOT WRITE BELOW

NCAUSBCA - 48th ANNUAL YOUTH CHAMPIONSHIP TOURNAMENT - MARCH 2011

Bowl America Woodbridge 13409 Occoquan Road, Woodbridge, VA 22191 (703) 494-9191

NO CHARGE FOR ALL EVENTS

ENTRY NO. \_\_\_\_\_ DATE REC'D \_\_\_\_\_  
 AMOUNT REC'D \_\_\_\_\_ DATE REC'D \_\_\_\_\_  
 \$ \_\_\_\_\_

PER BOWLER TEAM SINGLES DOUBLES SCRATCH BUMPER

BOWLING FEE:	\$ 10.50	\$ 10.50	\$ 10.50	\$ 21.00	\$ 7.00
SCHOLARSHIPS:	\$ 8.00	\$ 8.00	\$ 8.00	\$ 12.50	\$ 6.50
EXPENSES:	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00
SCHOLARSHIP FUNDS:	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
TOTAL Per Bowler	\$ 20.00	\$ 20.00	\$ 20.00	\$ 35.00	\$ 15.00

USBC CERTIFICATION # 82128  
 SMART ACCOUNT # 9559

\*\*\*\*TEAM NAME:

\*\*\* YOUR BOWLING CENTER:

**TEAM**

SATURDAY - MAR 5, 12, 2011  
 SUNDAY - MAR 6, 13, 2011  
 TIME: 10:00 AM & 2:00 PM  
 PREFERRED DATE AND TIME

TEAM Please print names  
 LAST FIRST

BOWLER ID NUMBER

M/F AGE

AVERAGE BOOK or 1/29/11

CHECK FOR ALL-EVENTS

**DOUBLES SINGLES**

SATURDAY - MAR 5, 12, 2011  
 SUNDAY - MAR 6, 13, 2011  
 TIME: 10:00 AM & 2:00 PM  
 PREFERRED DATE AND TIME

DOUBLES/SINGLES Please print names  
 LAST FIRST

BOWLER ID NUMBER

M/F AGE

AVERAGE BOOK or 1/29/11

CHECK FOR ALL-EVENTS

PLEASE NOTE: BOWLER MUST BOWL ALL THREE EVENTS (TEAM, DOUBLES, & SINGLES) TO QUALIFY FOR ALL EVENTS

**SCRATCH SINGLES**

SATURDAY - MAR 5, 12, 2011  
 SUNDAY - MAR 6, 13, 2011  
 TIME: 10:00 AM & 2:00 PM  
 PREFERRED DATE AND TIME

SCRATCH SINGLES Please print names  
 LAST FIRST

BOWLER ID NUMBER

M/F AGE

AVERAGE BOOK or 1/29/11

CHECK FOR ALL-EVENTS

**BUMPER SINGLES**

SATURDAY - MAR 5, 12, 2011  
 SUNDAY - MAR 6, 13, 2011  
 TIME: 10:00 AM & 2:00 PM  
 PREFERRED DATE AND TIME

BUMPER SINGLES Please print names  
 LAST FIRST

BOWLER ID NUMBER

M/F AGE

AVERAGE BOOK or 1/29/11

CHECK FOR ALL-EVENTS

Mail Entries To: Diane Freike - Tournament Director

9921 Arrowood Dr.

Manassas, VA 20111

DO NOT SEND via "Signature Required" mail

ENTRY CLOSING DATE:

February 12, 2011

COACHES ONLY - complete this section

BOWLING CENTER:

COACH'S NAME:

ADDRESS:

CITY

HOME PHONE:

EMAIL ADDRESS:

STATE

WORK PHONE:

ZIP

COACH'S SIGNATURE (required):