DO NOT WRITE BELOW

ENTRY NO. ________________

AMOUNT REC'D DATE REC'D

$________________ ____________

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NCAUSBCA - 53rd ANNUAL YOUTH CHAMPIONSHIP TOURNAMENT - MARCH 2016

AMF Capital Plaza 4601 Cooper Lane, Hyattsville, MD 20784 (301) 772-6565

PER BOWLER	TEAM	DOUBLES	SINGLES	BUMPER	HDCP ALL EVENTS	SCR ALL EVENTS
BOWLING FEE:	$ 9.75	$ 9.75	$ 9.75	$ 6.50	$ -	$ -
SCHOLARSHIPS:	$ 11.75	$ 11.75	$ 11.75	$ 7.00	$ 4.00	$ 9.00
EXPENSES:	$ 3.00	$ 3.00	$ 3.00	$ 1.00	$ 1.00	$ 1.00
SCHOLARSHIP FUNDS:	$ 0.50	$ 0.50	$ 0.50	$ 0.50	$ -	$ -
TOTAL *Per Bowler*	$ 25.00	$ 25.00	$ 25.00	$ 15.00	$ 5.00	$ 10.00

USBC CERTIFICATION # 07424 & 07428
SMART ACCOUNT # 9559

*****TEAM NAME:** ***** YOUR BOWLING CENTER:**

TEAM	SAT - MAR 5 *or* MAR 12 SUN - MAR 6 *or* MAR 13 TIMES - 10AM *or* 2PM ***SELECT DATE & TIME*** **1.** DATE__________TIME______ **2.** DATE__________TIME______ **3.** DATE__________TIME______	**TEAM** *Please print names* LAST FIRST 1. ______________________ 2. ______________________ 3. ______________________ 4. ______________________	**BOWLER ID NUMBER** 1. ______________ 2. ______________ 3. ______________ 4. ______________	**AVERAGE** *as of 12/16* 1. ______ 2. ______ 3. ______ 4. ______	Leave **BLANK** ____ ____ ____ ____	**M / F** 1. ___ 2. ___ 3. ___ 4. ___	**AGE** 1. ____ 2. ____ 3. ____ 4. ____	**High School GRAD YEAR** 1.________ 2.________ 3.________ 4.________	**ENTRY FEES** **$25** *per bowler* **$100 total** *per team*
DOUBLES SINGLES	SAT - MAR 5 *or* MAR 12 SUN - MAR 6 *or* MAR 13 TIMES - 10AM *or* 2PM ***SELECT DATE & TIME*** **1.** DATE__________TIME______ **2.** DATE__________TIME______ **3.** DATE__________TIME______	**DOUBLES/SINGLES** *Please print names* LAST FIRST 1. ______________________ 2. ______________________ 1. ______________________ 2. ______________________	**BOWLER ID NUMBER** 1. ______________ 2. ______________ 1. ______________ 2. ______________	**AVERAGE** *as of 12/16* 1. ______ 2. ______ 1. ______ 2. ______	Leave **BLANK** ____ ____ ____ ____	**M / F** 1. ___ 2. ___ 1. ___ 2. ___	**AGE** 1. ____ 2. ____ 1. ____ 2. ____	**High School GRAD YEAR** 1.________ 2.________ 1.________ 2.________	**ENTRY FEES** **$50** *per bowler* **$100 total** *per pair*

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

HANDICAP ALL EVENTS	**HDCP ALL EVENTS** *Please print names* LAST FIRST 1. ______________________ 2. ______________________ 3. ______________________ 4. ______________________	**BOWLER ID NUMBER** 1. ______________ 2. ______________ 3. ______________ 4. ______________	**ENTRY FEES** **$5** *per bowler*	**SCRATCH ALL EVENTS**	**SCR ALL EVENTS** *Please print names* LAST FIRST 1. ______________________ 2. ______________________ 3. ______________________ 4. ______________________	**BOWLER ID NUMBER** 1. ______________ 2. ______________ 3. ______________ 4. ______________	**ENTRY FEES** **$10** *per bowler*

BUMPER SINGLES	***SELECT DATE & TIME*** *same options as above* **1.** DATE__________TIME______ **2.** DATE__________TIME______ **3.** DATE__________TIME______	**BUMPER SINGLES** *Please print names* LAST FIRST 1. ______________________ 2. ______________________	**BOWLER ID NUMBER** 1. ______________ 2. ______________	**AVERAGE** *as of 12/16* 1. ______ 2. ______	Leave **BLANK** _____ _____	**M / F** 1. ___ 2. ___	**AGE** 1. ___ 2. ___	**High School GRAD YEAR** 1.________ 2.________	**ENTRY FEES** **$15** *per bowler*

Mail Entries To: Diane Frelke - NCAUSBCA Tournament
9921 Arrowood Dr.
Manassas, VA 20111

Please DO NOT SEND via "Signature Required" mail

ENTRY POSTMARKED BY DATE: ***February 13, 2016***

****Required* - COACHES ONLY - *complete this section***

COACH'S NAME: ______________________ **BOWLING CENTER:** ______________________

ADDRESS: ____

CITY ______________________ **STATE** __________ **ZIP** __________

HOME PHONE: ______________________ **WORK PHONE:** ______________________

EMAIL ADDRESS: ____

COACH'S SIGNATURE (*required*): ____