

SCHEDULE

TEAM EVENT			
SATURDAY	APR 22, 29, MAY 6, 20	SUNDAY	APR 23, 30, MAY 7, 21
2:00 PM	DATE _____ TIME _____	12:30 PM	DATE _____ TIME _____
DOUBLES EVENT			
SATURDAY	APR 22, 29, MAY 6, 20	SUNDAY	APR 23, 30, MAY 7, 21
9:00 AM 11:00 AM	DATE _____ TIME _____	8:00 AM, 10:00 AM 3:30 PM	DATE _____ TIME _____
SINGLES EVENT			
SATURDAY	APR 22, 29, MAY 6, 20	SUNDAY	APR 23, 30, MAY 7, 21
9:00 AM 11:00 AM	DATE _____ TIME _____	8:00 AM, 10:00 AM 3:30 PM	DATE _____ TIME _____

TEAM NAME: _____

TEAM CAPTAIN EMAIL: _____

NAME & ADDRESS OF BOWLERS IN ORDER OF BOWLING	USBC NO	AVG
1. NAME: _____ SSN# _____		
ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____		
2. NAME: _____ SSN# _____		
ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____		
3. NAME: _____ SSN# _____		
ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____		
4. NAME: _____ SSN# _____		
ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____		

ALL EVENTS			
DOUBLES	SINGLES	HDCP	SCR
1. LEAD OFF _____	1. LEAD OFF _____		
2. ANCHOR _____	2. ANCHOR _____		
1. LEAD OFF _____	1. LEAD OFF _____		
2. ANCHOR _____	2. ANCHOR _____		