

Missouri Team Challenge Entry Form

Team Name: _____ Captain: _____
Captain's Address: _____ City: _____ State: _____ Zip: _____
Which center do you represent? _____ Captain's Home Phone: _____

Player's Name	USBC ID NO.	2010-2011 Book Avg.	21 Game Current Avg.	(only if no book)
Sport Average Accepted If No Book But Will Be Converted				Bowling Center
1				
2				
3				
4				
5				
<i>ALL ENTRIES MUST BE VERIFIED BY PROPRIETOR</i>				
Day (First & Second Choices)				

Payback 1 out of 5 Entries Cash

1 Out of 8 Entries Qualifies for State Finals

Team Entry Fee \$115

TEAM SUBJECT TO DISQUALIFICATION IF AVERAGES NOT VERIFIED AS REQUIRED BY RULE

Strike Zone

1301 E. Ohio Street
Clinton, MO 64735
Phone: 660/383-1111
FAX: NONE

Friday, May 4
Saturday, May 5
Sunday, May 6
NO CHECKS ACCEPTED

7 PM
10 AM, 2 PM
10 AM, 2 PM
Mastercard, Visa

MAIL OR EMAIL ENTRIES TO: GERAD26@HOTMAIL.COM