

TEAM:  
(CHECK ONE)

Saturday, October 7 - 10:00am

Sunday, October 8 - 2:00pm

Saturday, October 14 - 10:00am

Sunday, October 15 - 2:00pm

Team Name: \_\_\_\_\_

	NAME	USBC #	AVERAGE	ALL EVENTS	COLLEGE/SPORT
1				Y N	Y N
2				Y N	Y N
3				Y N	Y N

DOUBLES

Saturday, October 7 - 1:30pm

Sunday, October 8 - 10:00am

SINGLES:

(CHECK ONE)

Saturday, October 14 - 1:30pm

Sunday, October 15 - 10:00am

	NAME	USBC #	AVERAGE	COLLEGE/SPORT
1				Y N
1				Y N
2				Y N
2				Y N

SINGLES:

	NAME	USBC #	AVERAGE	BOY/GIRL	COLLEGE/SPORT
1					Y N
2					Y N
3					Y N
4					Y N

**GROUP ORGANIZER INFORMATION (REQUIRED)**

NAME		ADDRESS		
CITY	STATE	ZIP	PHONE NUMBER	
EMAIL				

**OFFICIAL USE ONLY**

ENTRY #			TOTAL PAYMENT	=	\$	
TEAM	\$90 X		DOUBLES	\$60 X		
SINGLES	\$30 X		A/E	\$5 X		