

Coordinators: Fill-in ALL information below including your address, phone number, and email address. This information is used to contact you for questions, confirmation information, and payouts.



Coordinator: _____ Cell Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email address: _____
 Coordinator signature: _____

** By signing the coordinator takes full responsibility for providing all and accurate information needed for every bowler in his/her group including any prize winnings over \$300 in the past 12 months and/or any rerated average upon submitting entry; relaying tournament rules to every bowler in his/her group; remits payment for every entry; agrees to accept prize check(s) for bowler(s) in his/her group delivering the check(s) to the bowler(s) in a timely manner. Remit entry and payment to Rachel Holbert 2909 Old Spanish Trail, Gautier, MS 39553.

OPEN TEAM = ALL MEN or MEN/LADIES (UP TO 2 LADIES)
 LADIES TEAM = ALL LADIES

SINGLES/DOUBLES PAIRS
 OPEN: BOTH MEN OR 1 MAN / 1 LADY
 LADIES: BOTH LADIES

DATE: _____ SQUAD TIME: _____

ALL EVENTS: LADIES MUST BOWL TEAM/SINGLES/DOUBLES SAME DIVISION (OPEN/LADIES) TO QUALIFY

TEAM NAME: _____

DATE: _____ SQUAD TIME: _____

\$150 TEAM EVENT FEE

USBC#	BOWLER NAME	21 AVG	22 AVG	RERATE/ WINNINGS > \$300
	1			Y / N
	2			Y / N
	3			Y / N
	4			Y / N
	5			Y / N

BOWLER NAME	HDCP AE	SCR AE	
Lead-off			\$120 per dbl team \$10 for each AE
Anchor			
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Anchor			