

ENTRY NO. _____

TEAM EVENT
BATT FAMILY FUN CENTER

**** RETURN THIS PAGE ONLY ****

SINGLES AND DOUBLES EVENT
JAX LANES BOWLING CENTER

1:00 PM AND 4:30 PM SATURDAY
9:00 AM AND 1:00 PM SUNDAY

EVENT CHOICES

9:00 AM AND 1:30 PM SATURDAY
9:00 AM AND 1:30 PM SUNDAY

1ST _____ **TEAM** 2ND _____

1ST _____ **SINGLES and DOUBLES** 2ND _____

TEAM CAPTAIN PLEASE FILL IN THIS INFORMATION
TEAM CAPTAIN (PLEASE PRINT NAME)
MAILING ADDRESS
CITY
STATE / ZIP CODE
(AREA CODE) & PHONE NUMBER

Team Name:			
	Bowler ID Number	LIST THE FULL NAME OF EACH PERSON IN THE ORDER THEY WILL BOWL	2021-2022 YEARBOOK
1			
2			
3			
4			

AVG	SINGLES / DOUBLES ENTRIES ONLY	TEAM FEES		DOUBLES FEES		SINGLES FEES		ALL EVENTS		TOTAL	OFFICE USE ONLY
		HDCP	SCR	HDCP	SCR	HDCP	SCR	HDCP	SCR		
	LEAD OFF										T
	ANCHOR										D
	LEAD OFF										S
	ANCHOR										AEH
	ANCHOR										AES
	TOTAL FEES :										

TO THE TOURNAMENT MANAGER:

As team Captain, I hereby enter the above named team in the First Coast Bowling Congress Open City Championship Tournament and will agree to abide by the tournament and playing rules of the United States Bowling Congress and the First Coast Bowling Congress. The individual bowlers are responsible for ensuring their average is correct.