



Handicap Scholarship Singles Entry Form

ALL FIELDS MUST BE FILLED IN TO BE ACCEPTED

Must be Postmarked by District Deadline Date – See District Schedule for Dates

| | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|--|----------------------|--|------------------------|--|---------------------|--|
| <p style="text-align: center;">Pennsylvania State USBC HANDICAP SCHOLARSHIP SINGLES Mail to: Jay E Daryman, Tournament Director 809 Nightlight Dr, York PA 17402 Phone: 717/757-2860 E-Mail: jdaryman@bowlpa.com</p> | DO NOT WRITE IN THESE SPACES | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">ENTRY NUMBER</td> <td style="width: 20%;"></td> </tr> <tr> <td>DATE RECEIVED</td> <td></td> </tr> <tr> <td>AMOUNT RECEIVED</td> <td></td> </tr> <tr> <td>CASH/CHECK #</td> <td></td> </tr> </table> | | ENTRY NUMBER | | DATE RECEIVED | | AMOUNT RECEIVED | | CASH/CHECK # | |
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| AMOUNT RECEIVED | | | | | | | | | |
| CASH/CHECK # | | | | | | | | | |
| Entry Contact Information | | | | | | | | | |
| Enter Your District Number Here: | | | | | | | | | |
| Name: | Evening Phone: | | | | | | | | |
| Address: | Daytime Phone: | | | | | | | | |
| | E-Mail | | | | | | | | |
| City, State, Zip: | | | | | | | | | |
| Bowler Information | | | | | | | | | |
| 1 Name: | Mem ID: | | | | | | | | |
| Address: | City/ST/Zip: | | | | | | | | |
| Birthdate: | Sex (M/F): | Jan 1 Avg: | | | | | | | |
| 1st Squad Choice: | | 2nd Squad Choice: | | | | | | | |
| Check Division: <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C | | | | | | | | | |

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