

**Pennsylvania State USBC - 20th Annual Youth Open Tournament**

Mail to: Brett Rearick, Tournament Director

308 Bay Mist Dr, Erie, PA 16505

Phone: (814) 449-0248 E-Mail: [youthopentd@bowlpa.com](mailto:youthopentd@bowlpa.com)

**DO NOT WRITE IN THESE SPACES**

**ENTRY NUMBER**

**DATE RECEIVED**

**AMOUNT RECEIVED**

**CASH/CHECK #**

**Entry Contact Information**

Enter Your Advance Reservation Confirmation Number Here:

Name:	Evening Phone:
Address:	Daytime Phone:
	E-Mail
City, State, Zip:	<input type="checkbox"/> Please contact me I want to pay using a credit card.

<input type="checkbox"/> <b>Check if Bowling Team Event</b>	<b>Team Event - Bowling order above.</b>	1 <sup>st</sup> Squad Choice:
Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>	Team Name:	2 <sup>nd</sup> Squad Choice:

***Bowlers contact information for this entry, no matter what event your entering,  
If bowling Team this will be your bowling order.***

#	Name	Address	Birth Date	Entering Avg.
	National ID	City, State, Zip	Gender (M/F)	
1				
	List all leagues above bowler participates in.	League: Center:		
		League: Center:		
2				
	List all leagues above bowler participates in.	League: Center:		
		League: Center:		
3				
	List all leagues above bowler participates in.	League: Center:		
		League: Center:		
4				
	List all leagues above bowler participates in.	League: Center:		
		League: Center:		

***Doubles Event***

#	Enter the bowler's name.	#	Enter the bowler's name.
	Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>		Handicap Div <input type="checkbox"/> or Scratch Div <input type="checkbox"/>
	Squad Choice		Squad Choice
1	1 <sup>st</sup> :	1	1 <sup>st</sup> :
2	2 <sup>nd</sup> :	2	2 <sup>nd</sup> :

**Singles Event**

***All Events***

#	Enter the bowler's name.	Hdcp	Scratch	1 <sup>st</sup> Squad Choice	2 <sup>nd</sup> Squad Choice	Handicap	Scratch
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Average Verification: \_\_\_\_\_ Signature of League Official/Association Manager