

**56th ANNUAL MN STATE USBC ASSOCIATION YOUTH CHAMPIONSHIP TOURNAMENT
TEAM ENTRY FORM – AMF Saxon Lanes – St. Paul**

DATE/TIME RESERVED: 1st Choice: Date _____ Time _____ 2nd Choice: Date _____ Time _____

Dates: April 4, 5, 18, 19, 25, & 26 • Times: 10:30am, 1pm, or 3:30pm

Bowling Center You Bowl at: _____

Averages Verified By: _____ Phone: _____

Address: _____

E-Mail Address: _____ State Dues Paid Through Which Association: _____

TEAM EVENT BREAKDOWN:

**DIVISION I: 541 & UP
DIVISION II: 461-540**

**DIVISION III: 360-460
DIVISION IV: 359 & LOWER**

Four Person Team Lineup

Team Name				
	Name/Address (List in Bowling Order) Please Print	Nat'l USBC ID Number	Average as of 3/21/09	M/F
1.				
2.				
3.				
4.				

Team Name				
	Name/Address (List in Bowling Order) Please Print	Nat'l USBC ID Number	Average as of 3/21/09	M/F
1.				
2.				
3.				
4.				

Entry Fees Due:
_____ Team(s) @ \$60 = _____

Total: _____

**To Guarantee Reservation(s) Entry Form(s) and Fees Must be received
by March 28, 2009. Mail to: Dawn Crowson
3787 Willow Hgts Dr SW
Rochester, MN 55902**

56th ANNUAL MN STATE USBC ASSOCIATION YOUTH CHAMPIONSHIP TOURNAMENT

DOUBLES/SINGLES ENTRY FORM – AMF Saxon Lanes – St. Paul

Bowling Center You Bowl at: _____

Averages Verified By: _____ Phone: _____

Address: _____

E-Mail Address: _____ State Dues Paid Through Which Association: _____

DOUBLES EVENT BREAKDOWN

DIVISION I: 340 & Over
 DIVISION II: 300-339
 DIVISION III: 240-299
 DIVISION IV: 239 & Under

SINGLES EVENT BREAKDOWN

DIVISION I: 170 & Over
 DIVISION II: 150-169
 DIVISION III: 120 - 149
 DIVISION IV: 119 & Under

Dates: April 4, 5, 18, 19, 25, & 26 • Times: 10:30am, 1pm, or 3:30pm

Doubles Lineups

Name/Address (List in Bowling Order) Please Print	USBC ID #	Average as of 3/21/09	Date/Time Reserved	
			1 st Choice	2 nd Choice
1A.				
1B.				
2A.				
2B.				

Name/Address (List in Bowling Order) Please Print	USBC ID #	Average as of 3/21/09	Date/Time Reserved	
			1 st Choice	2 nd Choice
1A.				
1B.				
2A.				
2B.				

Single Entry(ies)

Name/Address (Pls. Print)	USBC ID #	Average as of 3/21/09	Date/Time Reserved	
			1 st Choice	2 nd Choice
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Entry Fees Due:
 _____ Doubles @ \$30 = _____
 _____ Singles @ \$15 = _____
Total Enclosed: _____

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 by March 28, 2009. Mail to: Dawn Crowson
 3787 Willow Hgts Dr SW
 Rochester, MN 55902**