99th ANNUAL MINNESOTA STATE USBC **OPEN CHAMPIONSHIPS**

USBC Certified

February 1 - May 3, 2020

ENTRY FEES DUE This Entry ONLY

(Excluding Easter Weekend) Entries Due Minimum 2-Weeks Prior to Bowling W/PAYMENT

First Place Prizes in Each Division Team - \$3,000 (Based on 275 Entries)

Doubles \$1,200 - Singles \$600 - All Events \$100

AMF Saxon Lanes 61 Little Canada Rd W St Paul, MN 55117 651-484-6501 Saturday 9:00 AM, 1:30 PM & 6 PM Sunday 9:00 AM & 1:30 PM								Team @ \$150 = Dbls/Sgls Pairs @ \$120 = Hdcp All Events @ \$5 = Scr Team @ \$25 = Scr Doubles @ \$10 =		
	eservations, Entry Forms & ived after that date will be pro Final Entry Deadl	ocessed on a 'first-cor	ne, first-se				Scr /	Singles @ \$5 = All Events @ \$5 = Seniors @ \$5 =		
We HAVE Reservation	ons - Date & Time Reserved	We have NO Reservations – Date & Time Preferred					TOTAL FI 325 Fee C	EES DUE \$ Charged on Returned Checks		
Team	Singles & Doubles	Team	Sin	gles & Doub	les					
	P – List in Bowling Order First Name & Initial	U S B C National ID #	2018-19 Average	Opt. Seniors Y / N	Team	Team Name				
1					Captain's Name					
2					Addr	ess				
3					City, State, Zip					
4					Home Phone					
5					Work	Phone				
	S & DOUBLES ter Both Singles & Doubles	U S B C National ID #	2018-19 Average	Hdcp All Events	Dbls Sing A. E. MN S		Send FULL Remittance to: MN State USBC Open Championships			
1A								351 S 10 th St		
1B								Bird Island, MN 55310		
24								For Reservations Call, Fax or Email Dick Woelfel		
				†				Tournament Director		
<u>2B</u>							\vdash	320-365-5024(NEW)		
3A				<u> </u>			ļ	mnopenbowl@hotmail.com Fax - 320-365-5024		
3B								rax = 320-303-3024		
VISA & MASTERCARD ONLY! Card Account Number 3 Digit Security # on reverse side My Signature Aut		Expiration Date: (Month / Year) horizes a Charge Request		CREDIT CARD USER ONE Entry Fee To Be Charged = \$ PLUS Handling Fee = \$ (See rate Chart)				RATE CHART		
J 1010100 3100	my Olghatale Auti	.czco a onarge nequ	TOTAL = \$				ETC			

VISA & MASTER	CCARD ONLY!	Expiration Date:
	Card Account Number	/_ (Month / Year)
3 Digit Security # on reverse side	My Signature Authorize	s a Charge Request