SOUTH CAROLINA USBC ASSOCIATION ELEVENTH ANNUAL YOUTH STATE TOURNAMENT ENTRY FORM

TEAM EVENT ENTRY NO.

-	I E AUT E V E					<u> </u>		
TEAM NAME: ASSOCIATION:								
AVG.	BOWLER'S NAME			YOUTH ID NUMBER		ALL EVENTS? YES/NO		
	1.							
	2.							
	3.							
	4.							
TOTAL	BOWLING CENTER			Sched	rence			
	Little River Bowl		DATE		TIME			
	300 Bowling Lane							
DIV.	Little River SC 29566							
	Telephone: (843) 249-0055							
		*Please se	elect two	differe	ent weel	kends		
		Mail Entr	ies to:					
COACH	(PRINT)	Sandy Wallace, Tournament Manager 153 Sandy Lane						
ADDRESS		Gaffney SC 29340						
CITY	ZIP CODE	Telephone: (864) 490-3332 Email: sandywallace1266@aol.com Visit State Website @ www.scusbc.org						
TELEPHO	ONE NO. Email Address					Ü		
	CERTIFIED CHECK OR MONEY	_			_			
	SOUTH CAROLINA USBC MUST A	CCOMPAN'	Y THE EN	NTRY I	FORM			
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	G CENTER							
	Beach Bowling Center							
510 Hwy	1/ IN							

Surfside Beach, SC 29575

Telephone: (843) 238-2695

SINGLES & DOUBLES

AVG.	BO	BOWLER'S NAME			M/F		UTH ID MBER		
	1.								
	2.								
	3.								
1 1						Schedule Preference			
FILL IN FOR DOUBLES PARTNER NOT ON ABOVE TEAM					DATE	TIME			
NAME			Youth ID #.						
IF BOWLING IN TEAM EVENT, GIVE TEAM NAME									
					*Please select at least two different weekends				