

**TEAM EVENT**

**ENTRY NO.**

<b>TEAM NAME:</b>		<b>ASSOCIATION:</b>		
<b>AVG.</b>	<b>BOWLER'S NAME</b>	<b>M/F</b>	<b>YOUTH ID NUMBER</b>	<b>Permission for Photos Usage Yes or No</b>
	1.			
	2.			
	3.			
	4.			
<b>TOTAL</b>	<b>BOWLING CENTER</b>	<b>APRIL 20, 2024 9 am; 1 pm</b>		Schedule Preference
	<b>Anchor Lanes</b>	<b>APRIL 21, 2024 9 am</b>		DATE
	<b>1057 Lake Blvd</b>	<b>APRIL 27, 2024 9am; 1 pm</b>		TIME
<b>DIV.</b>	<b>Irmo, SC 29063</b>	<b>APRIL 28, 2024 9 am</b>		
	<b>Telephone: (803) 732-7880</b>			

COACH (PRINT)

ADDRESS

CITY

ZIP CODE

TELEPHONE NO.

Email Address

**Mail Entries to:**

Sandy Wallace, Tournament Manager

153 Sandy Lane

Gaffney SC 29340

Telephone: (864) 490-3332

Email: sandywallace1266@aol.com

Visit State Website @ www.scusbc.org

**CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO SOUTH CAROLINA USBC MUST ACCOMPANY THE ENTRY FORM**

\*\*\*\*\* PLEASE DO NOT SEPARATE FORM \*\*\*\*\*

**BOWLING CENTER**

**APRIL 20, 21, 27, 28, 2024 9 am 1 pm**

**Royal Z Lanes**

**SINGLES & DOUBLES**

**8512 Two Notch Rd**

**Columbia SC 29223**

**Telephone: (803) 788-9208**

AVG.	BOWLER'S NAME	M/F	DOUBLES	SINGLES
	1.			
	2.			
	3.			
			Schedule Preference	
FILL IN FOR DOUBLES PARTNER NOT ON ABOVE TEAM			DATE	TIME
NAME		Youth ID #.		
IF BOWLING IN TEAM EVENT, GIVE TEAM NAME				

SIGNATURE - COACH

SIGNATURE - TEAM CAPTAIN

