

ENTRY # _____

DATE _____

TIME _____

LANE # _____

**ORLANDO REGIONAL USBC
John J Garrett Memorial Tournament**

ANNUAL CITY TOURNAMENT

BRUNSWICK WEKIVA LANES

Doubles and Singles

SATURDAY SQUADS: MARCH 30 and APRIL 6, 2019

TIMES: 11:00 AM & 4:00 PM

SUNDAY SQUADS: MARCH 31 and APRIL 7, 2019

TIMES: 9:00 AM & 2:00 PM

DOUBLES/ SINGLES (INDICATE 2 CHOICES)

DATE: 1st _____ 2nd _____

TIME: 1st _____ 2nd _____

DOUBLES ENTRIES MUST BE COMPLETE - TWO, FOUR OR SIX PERSONS

If your fifth person is paired with another person from another team, enter BOTH on this Form **OR** Both on the other entry. DO NOT enter on both forms

INDICATE EVENTS ENTERED WITH (X) MARK IN PROPER COLUMNS

****OPTIONAL SCRATCH DOUBLES - both partners must enter**

ENTERING Average	SINGLES and DOUBLES ONLY <small>BOTH PARTNERS NAMES MUST BE LISTED OR MONEY WILL BE REFUNDED</small>	Do Not Write In This Column	Team \$125.00	Singles Hdcp \$25.00	Singles Scratch \$10.00	Doubles Hdcp \$25.00 per person	**Doubles Scratch \$10.00 per person	All Events Per Person \$3.00	All-Events Scratch Per Person \$7.00	Net Paid
	<small>(PLEASE PRINT) FIRST NAME FIRST</small>		LIST TEAM FEE BELOW							
	1-1 LEAD-OFF									
	1-2 ANCHOR									
	2-1 LEAD-OFF									
	2-2 ANCHOR									
	3-1 LEAD-OFF									
	3-2 ANCHOR									
	No split entry - must have 2 - 4 - 6 persons listed See rule 3	SCRATCH	\$ 50.00							
	NAME OF TEAM FOR 6th BOWLER	HCP.	\$125.00							
		Totals								

TO THE TOURNAMENT DIRECTOR: As Team Captain, I hereby enter the above named team in the Orlando Regional USBC Tournament and will agree to abide by the tournament and playing rules of the USBC and Orlando Regional USBC

THE INDIVIDUAL BOWLER IS RESPONSIBLE FOR THEIR CORRECT AVERAGE

NAME OF TEAM CAPTAIN (print legibly)

SIGNATURE OF TEAM CAPTAIN