

ENTRY # _____

DATE _____

CHECK # _____

TIME _____

CASH \$ _____

LANE # _____

ORLANDO REGIONAL USBC
John J Garrett Memorial Tournament
ANNUAL CITY TOURNAMENT

TEAM EVENT FIVE (5) BOWLERS PER TEAM

AMF SKY LANES

SATURDAY SQUADS: MARCH 30 and APRIL 6, 2019
TIMES: 11:00 A.M. & 4:00 P.M.

SUNDAY SQUADS: MARCH 31 and APRIL 7, 2019
TIMES: 11:00 A.M. & 4:00 P.M.

TEAM EVENT (MUST INDICATE 2 CHOICES)	
DATE: 1st	2nd
TIME: 1st	2nd

Team Name: _____

ALL BOWLERS MUST BE LISTED BELOW <small>(Last name, first name, middle initial)</small>	USBC #	AVERAGE <small>See Rule 2</small>	OPTIONAL SCRATCH \$ 10.00 EA
1			
2			
3			
4			
5			
6			
TOTAL TEAM AMOUNT		HANDICAP \$ 125.00	(OPT.)SCRATCH \$ 50.00

Optional **team scratch** event prize fund available

ENTIRE TEAM MUST ENTER THE SCRATCH

CAPTAIN SIGNATURE _____

CAPTAIN'S NAME _____

EMAIL ADDRESS _____

MAILING ADDRESS _____ APT # _____

CITY _____ ZIP CODE _____

PHONE _____

TEAM NAME YOU WANT TO CROSS WITH:

If you desire to bowl at same time as another entry, mail entries TOGETHER
otherwise we cannot guarantee you will be scheduled together.