

APRIL 13, 2025 9 PIN NO TAP ENTRY FORM

MUST BE COMPLETED WITH PAYMENT

FULL NAME: \_\_\_\_\_  
(First, Middle Initial, Last, JR, SR, if applicable)

USBC #: \_\_\_\_\_ USBC AVG: \_\_\_\_\_ AS OF DATE: \_\_\_\_\_

USBC HANDICAP: \_\_\_\_\_ AS OF DATE: \_\_\_\_\_

LAST BOWLED AND WHAT HOUSE: \_\_\_\_\_

PLEASE SELECT FROM THE FOLLOWING YOU WISH TO PARTICIAPTE IN BESIDES THE  
MAIN TOURNAMENT.

OPTIONAL WOMENS DIVISION: \$10 PRIZE FUND ENTRY YES OR NO  
(PLEASE CIRCLE)

OPTIONAL BLIND DRAW DOUBLES DIVISION: \$10 PRIZE FUND ENTRY YES OR NO  
(PLEASE CIRCLE)