OFFICIAL ENTRY FORM--ENTRIES CLOSE March 15, 2027-- HANDICAP DIVISIONS 90% OF 220

Team Captain _____

Address _____

City _____ Zip _____

Natl' ID # _____ _____

Cell _____

E-Mail _____

Team Date & Squad	D&S Date & Squad
1	1
2	2
3	3

Give date(s) you cannot bowl:

DO NOT WRITE IN SPACES BELOW

Confirmed Team Confirmed D&S

DO NOT WRITE IN SPACES BELOW

Entry Number:

Date Rec.

Name of Team: _____ **Association:** _____

** ALL LINE-UPS ARE OFFICIAL AND WILL NOT BE REARRANGED - PLEASE TYPE OR PRINT ALL INFORMATION **

USBC Card #	BOWLERS NAME	MAILING ADDRESS, CITY, ZIP AND PHONE	Average & Ruling		AE Fee
	1.				
	2.				
	3.				
	4.				

If 4th member is bowling D&S on another entry, please provide info:

DBLS Partner _____

Team Name _____

Team Captain _____

_____

_____

If Applicable select one **

☐ Please CROSS

☐ Please DO NOT CROSS with TEAM

Doubles & Singles Line-up	AVG
1	
2	
3	
4	
5	
6	

Texas State USBC Women's Tournament
PO Box 626
Clyde, TX 79510
325/669-4101
TxWomensTourn@gmail.com

Remittance to cover

Team	_____	X $140.00	$ = _____
Doubles	_____	X $ 70.00	$ = _____
Singles	_____	X $ 35.00	$ = _____
All Events	_____	X $ 10.00	$ = _____
		Total Enty Fee	$ = _____

No Personal Checks Accepted