

ISYL Team Entry Form – Strike N Spare II, Lockport, IL

(one form per team) \$20 each bowler = \$80 per team (\$5 additional per bowler for optional handicap)

REMEMBER, YOU MAY BOWL TEAM AS MANY TIMES AS YOU LIKE, BUT ONLY CASH ONCE WITH SAME TEAM MEMBERS; SWITCH OUT ONE BOWLER AND CASH MORE THAN ONCE! EACH TIME YOU BOWL IS \$20 per person

BOWLER #1: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ USBC#: _____ YEAR YOU WILL/DID GRADUATE HIGH SCHOOL: _____

PHONE: (_____) _____ EMAIL: _____ AVERAGE: _____
(2017-18 highest avg. off bowl.com)

HOME BOWLING CENTER: _____ BOWLING CENTER PHONE: _____

BOWLER #2: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ USBC#: _____ YEAR YOU WILL/DID GRADUATE HIGH SCHOOL: _____

PHONE: (_____) _____ EMAIL: _____ AVERAGE: _____
(2017-18 highest avg. off bowl.com)

HOME BOWLING CENTER: _____ BOWLING CENTER PHONE: _____

BOWLER #3: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ USBC#: _____ YEAR YOU WILL/DID GRADUATE HIGH SCHOOL: _____

PHONE: (_____) _____ EMAIL: _____ AVERAGE: _____
(2017-18 highest avg. off bowl.com)

HOME BOWLING CENTER: _____ BOWLING CENTER PHONE: _____

BOWLER #4: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ USBC#: _____ YEAR YOU WILL/DID GRADUATE HIGH SCHOOL: _____

PHONE: (_____) _____ EMAIL: _____ AVERAGE: _____
(2017-18 highest avg. off bowl.com)

HOME BOWLING CENTER: _____ BOWLING CENTER PHONE: _____

A: Date: _____ **Squads Saturdays:** 9:00 a.m. 1:30 p.m. **(Mar. 9th 1:30 ONLY, 23rd & 30th)**

B: Date: _____ **Squads Sunday:** 9:00 a.m. 12:30 p.m. 3:30 p.m. **(Mar. 10th, 24th & 31st)**

**Mail
Entries
& Fees to:**

Patti Mauerman
25765 Eastpoint Rd.
Tremont, IL 61568
(309)369-3862

NO DEADLINE FOR ENTRIES, however, space is limited so make your reservations by phone. Then mail in entry by March 1st to secure that reservation. Please note the name of the bowler on the "Memo" line of check. Make payments payable to **Illinois State USBC**. (Bowling center checks, money orders, cashier's checks preferred. Returned personal checks will incur a \$35 charge.)

FORM OF PAYMENT: **Cash** **Check/MO** **Credit Card**

Card #: _____ Expiration Date: _____ CVV # _____

Name on Card: _____ Signature: _____

Billing Address: _____

