



# USBC HAWAII USBC Youth Championships Tournament Entry Form

**OAHU**

USBC Certified

Mail or Drop Off Entries To:  
**HAWAII USBC**  
 95-390 Kuahelani Ave, 3A  
 Mililani, HI 96789

Make Checks Payable To:  
**HAWAII USBC**  
**Returned checks will be assessed a \$30 service handling fee.**

**For Official Use Only**

Entry #:	
Date RCVD:	
RCVD by:	
Receipt #:	

Location: **Schofield Bowling Center**

PRIZE FUND 100% RETURN

Divisions	Team Events		Doubles/Singles Events	
Select 1 Division ONLY	<input type="checkbox"/> Sat, April 20, 2024, 9:00 AM	<input type="checkbox"/> Sat, April 20, 2024, 1:00 PM	<input type="checkbox"/> Sun, April 21, 2024, 9:00 AM	<input type="checkbox"/> Sun, April 21, 2024, 2:00 PM

<b>Team Captain</b>	Team Name		Captain Name	
Address			Email Address	
City	State	Zip	Phone #	

<b>Team Lineup Bowler 1</b>	Full Name			USBC #
	Email Address			Highest Average of 12 or More Games
Address				
City	State	Zip	Gender	Phone #

<b>Team Lineup Bowler 2</b>	Full Name			USBC #
	Email Address			Highest Average of 12 or More Games
Address				
City	State	Zip	Gender	Phone #

<b>Team Lineup Bowler 3</b>	Full Name			USBC #
	Email Address			Highest Average of 12 or More Games
Address				
City	State	Zip	Gender	Phone #

<b>Team Lineup Bowler 4</b>	Full Name			USBC #
	Email Address			Highest Average of 12 or More Games
Address				
City	State	Zip	Gender	Phone #

Division Lineup		Team \$17		Doubles \$17		Singles \$17		All Events \$4		Total Due
Select 1 Division ONLY. S: Scratch or H: Handicap		S	H	S	H	S	H	S	H	
<b>Pair A</b>	Bowler 1 Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Bowler 2 Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Pair B</b>	Bowler 1 Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Bowler 2 Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Event Fee Breakdown		
	Hdcp (\$17)	Scratch (\$17)
Prize	\$5.00	\$5.00
Lineage	\$12.00	\$12.00
Expense	\$0.00	\$0.00

Max Team Entries: 60  
 Tournament Oil Pattern will be announced after entry close date.  
**COMPLETED ENTRY FORM MUST BE RECEIVED WITH FULL PAYMENT.**  
**ENTRY CLOSE: ENTRIES MUST BE POSTMARKED BY MIDNIGHT ON APRIL 13, 2024.**