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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | Mail or Drop Off Entries To: | | | | | Make Checks Payable To: | | | | | | | | **For Official Use Only** | | | | |
| USBC Certified | | | | | | **HAWAII USBC**  95-390 Kuahelani Ave, 3A  Mililani, HI 96789 | | | | | **HAWAII USBC**  **Returned checks will be assessed a $30 service handling fee.** | | | | | | | | Entry #: | | |  | |
| Date RCVD: | | |  | |
| RCVD by: | | |  | |
| Location: | | | **Fort Shafter Bowling Center** | | | | | | | | PRIZE FUND 100% RETURN | | | | | | | | Receipt #: | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Divisions | | | | | | | Doubles/Singles Events | | | | | | | | Team Events | | | | | | | | |
| Select 1 Division ONLY | | | | | | | □ Sat, April 12, 2025, 9:00 AM | | | □ Sat, April 12, 2025, 2:00 PM | | | | | □ Sun, April 13, 2025, 9:00 AM | | | | | □ Sun, April 13, 2025, 1:00 PM | | | |
| **Team Captain** | | | | | Team Name | | | | | | | | | Captain Name | | | | | | | | | |
| Address | | | | | | | | | | | | | | Email Address | | | | | | | | | |
| City | | | | | | | | | State | Zip | | | | Phone # | | | | | | | | | |
| **Team Lineup**  **Bowler 1** | | | | | Full Name | | | | | | | | | | | | | USBC # | | | | | |
| Email Address | | | | | | | | | | | | | Highest Average of 12 or More Games | | | | | |
| Address | | | | | | | | | | | | | | | | | | Date of Birth | | | | | |
| City | | | | | | | | | State | Zip | | | | Gender | | | | Phone # | | | | | |
| **Team Lineup**  **Bowler 2** | | | | | Full Name | | | | | | | | | | | | | USBC # | | | | | |
| Email Address | | | | | | | | | | | | | Highest Average of 12 or More Games | | | | | |
| Address | | | | | | | | | | | | | | | | | | Date of Birth | | | | | |
| City | | | | | | | | | State | Zip | | | | Gender | | | | Phone # | | | | | |
| **Team Lineup**  **Bowler 3** | | | | | Full Name | | | | | | | | | | | | | USBC # | | | | | |
| Email Address | | | | | | | | | | | | | Highest Average of 12 or More Games | | | | | |
| Address | | | | | | | | | | | | | | | | | | Date of Birth | | | | | |
| City | | | | | | | | | State | Zip | | | | Gender | | | | Phone # | | | | | |
| **Team Lineup**  **Bowler 4** | | | | | Full Name | | | | | | | | | | | | | USBC # | | | | | |
| Email Address | | | | | | | | | | | | | Highest Average of 12 or More Games | | | | | |
| Address | | | | | | | | | | | | | | | | | | Date of Birth | | | | | |
| City | | | | | | | | | State | Zip | | | | Gender | | | | Phone # | | | | | |
| **Division Lineup** | | | | | | | | | | | | **Team**  **$20** | | | **Doubles**  **$20** | | **Singles**  **$20** | | | **All Events**  **$5** | | | **Total**  **Due** |
| Select 1 Division ONLY. S: Scratch or H: Handicap | | | | | | | | | | | | S | H | | S | H | S | H | | S | H | |
| **Pair A** | Bowler 1 Name | | | | | | | | | | | □ | □ | | □ | □ | □ | □ | | □ | □ | | $ |
| Bowler 2 Name | | | | | | | | | | | □ | □ | | □ | □ | □ | □ | | □ | □ | | $ |
| **Pair B** | Bowler 1 Name | | | | | | | | | | | □ | □ | | □ | □ | □ | □ | | □ | □ | | $ |
| Bowler 2 Name | | | | | | | | | | | □ | □ | | □ | □ | □ | □ | | □ | □ | | $ |
|  | | **Event Fee Breakdown** | | | | | | Max Team Entries: 32 | | | | | | | | | | | | | | | |
|  | | **Hdcp ($20)** | | **Scratch ($20)** | | | |
| Prize | | $5.00 | | $5.00 | | | | Tournament Oil Pattern will be announced after entry close date. | | | | | | | | | | | | | | | |
| Lineage | | $15.00 | | $15.00 | | | | COMPLETED ENTRY FORM MUST BE RECEIVED WITH FULL PAYMENT. | | | | | | | | | | | | | | | |
| Expense | | $0.00 | | $0.00 | | | | **ENTRY CLOSE: ENTRIES MUST BE POSTMARKED BY MIDNIGHT ON MARCH 22, 2025.** | | | | | | | | | | | | | | | |