

# 49<sup>TH</sup> ANNUAL VIRGINIA STATE USBC YOUTH TOURNAMENT REGISTRATION

TEAM NAME \_\_\_\_\_ CENTER NAME \_\_\_\_\_

\*\*\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INT: \_\_\_\_\_ TEAM POSITION  
 STREET ADDRESS: \_\_\_\_\_ 1  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DBLS POSITION  
 PHONE NO: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: M F PLEASE CIRCLE  
 CERTIFICATION NO: \_\_\_\_\_ AVG: (2/23) \_\_\_\_\_ (4/13) \_\_\_\_\_ SUMMER \_\_\_\_\_ 1A 1B 2A 2B  
 YEAR OF GRADUATION \_\_\_\_\_ HANDICAP A/E Y OR N SCRATCH A/E Y OR N BUMPER BOWLER

\*\*\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INT: \_\_\_\_\_ TEAM POSITION  
 STREET ADDRESS: \_\_\_\_\_ 2  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DBLS POSITION  
 PHONE NO: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: M F PLEASE CIRCLE  
 CERTIFICATION NO: \_\_\_\_\_ AVG: (2/23) \_\_\_\_\_ (4/13) \_\_\_\_\_ SUMMER \_\_\_\_\_ 1A 1B 2A 2B  
 YEAR OF GRADUATION \_\_\_\_\_ HANDICAP A/E Y OR N SCRATCH A/E Y OR N BUMPER BOWLER

\*\*\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INT: \_\_\_\_\_ TEAM POSITION  
 STREET ADDRESS: \_\_\_\_\_ 3  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DBLS POSITION  
 PHONE NO: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: M F PLEASE CIRCLE  
 CERTIFICATION NO: \_\_\_\_\_ AVG: (2/23) \_\_\_\_\_ (4/13) \_\_\_\_\_ SUMMER \_\_\_\_\_ 1A 1B 2A 2B  
 YEAR OF GRADUATION \_\_\_\_\_ HANDICAP A/E Y OR N SCRATCH A/E Y OR N BUMPER BOWLER

\*\*\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INT: \_\_\_\_\_ TEAM POSITION  
 STREET ADDRESS: \_\_\_\_\_ 4  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DBLS POSITION  
 PHONE NO: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: M F PLEASE CIRCLE  
 CERTIFICATION NO: \_\_\_\_\_ AVG: (2/23) \_\_\_\_\_ (4/13) \_\_\_\_\_ SUMMER \_\_\_\_\_ 1A 1B 2A 2B  
 YEAR OF GRADUATION \_\_\_\_\_ HANDICAP A/E Y OR N SCRATCH A/E Y OR N BUMPER BOWLER

\*\*\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INT: \_\_\_\_\_ DBLS POSITION  
 STREET ADDRESS: \_\_\_\_\_ PLEASE CIRCLE  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ 1A 1B 2A 2B  
 PHONE NO: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: M F  
 CERTIFICATION NO: \_\_\_\_\_ AVG: (2/23) \_\_\_\_\_ (4/13) \_\_\_\_\_ SUMMER \_\_\_\_\_  
 YEAR OF GRADUATION \_\_\_\_\_ HANDICAP A/E Y OR N SCRATCH A/E Y OR N BUMPER BOWLER

\*\*\*\*\*

COACH:  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INT: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

FINAL STANDINGS WILL BE POSTED ON THE WEBSITE WITHIN 30 DAYS AFTER THE TOURNAMENT

TEAM EVENT/BUMPER SINGLES ROCKY MOUNT BOWLING CENTER (540) 483-8088 1555 NORTH MAIN STREET ROCKY MOUNT, VA 24151	LEAVE BLANK: TEAM SCHEDULED                      DATE: _____ TIME: _____ BUMPER SINGLES SCHEDULED        DATE: _____ TIME: _____
---	--

SAT: 6/21 6/28 7/12 TIME: 9AM NOON 3PM 6PM  
 SUN: 6/22 6/29 7/13 TIME: 9AM NOON 3PM 6PM  
 THE WEEKEND OF 7/19 - 7/20 WILL BE USED IF NEEDED

TEAM	BUMPER SINGLES
DATE: _____ TIME: _____	DATE: _____ TIME: _____
DATE: _____ TIME: _____	DATE: _____ TIME: _____

DOUBLES & SINGLES  
 LEE HI LANES (540) 389-0000  
 1830 APPERSON DR  
 SALEM, VA 24153

LEAVE BLANK:  
 DOUBLES/SINGLES SCHEDULED        DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SAT: 6/21 6/28 7/12 TIME: 9AM 1PM 5PM  
 SUN: 6/22 6/29 7/13 TIME: 9AM 1PM 5PM  
 THE WEEKEND OF 7/19 - 7/20 WILL BE USED IF NEEDED

DOUBLES & SINGLES  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**COST PER BOWLER:**

	TEAM	DOUBLES	SINGLES	HANDICAP ALL EVENTS	SCRATCH ALL EVENTS	BUMPER SINGLES
BOWLING FEE:	\$ 8.00	\$ 8.85	\$ 8.85			\$ 6.00
EXPENSE FEE:	\$ 3.00	\$ 3.00	\$ 3.00	\$ 1.00	\$ 1.00	\$ 3.00
SCHOLARSHIP FUND:	\$ 9.00	\$ 8.15	\$ 8.15	\$ 5.00	\$ 9.00	\$11.00
TOTAL:	\$20.00	\$20.00	\$20.00	\$ 6.00	\$10.00	\$20.00