



36TH  
ANNUAL  
2024

TEAM & SINGLES USBC SANCTIONED TOURNAMENT

DAY	DATE	TIME(S)	EVENT (CIRCLE ONE)	SQUAD #	ENTRY FEE:
SATURDAY:	SEPTEMBER 28TH	10:00 AM	TEAM / SINGLES	1	\$25 PER PERSON/PER EVENT
	SEPTEMBER 28TH	2:00 PM	TEAM / SINGLES	2	\$11 BOWLING
SUNDAY:	SEPTEMBER 29TH	10:00 AM	TEAM / SINGLES	3	\$11 PRIZE FUND
	SEPTEMBER 29TH	2:00 PM	TEAM / SINGLES	4	\$3 EXPENSES
ENTRIES NOT CONSIDERED SUBMITTED UNTIL FEES PAID					
SATURDAY:	OCTOBER 5th	10:00 AM	TEAM / SINGLES	5	
	OCTOBER 5th	2:00 PM	TEAM / SINGLES	6	
SUNDAY:	OCTOBER 6th	10:00 AM	TEAM / SINGLES	7	
	OCTOBER 6th	2:00 PM	TEAM / SINGLES	8	

TEAM NAME: \_\_\_\_\_ EVENT/SQUAD \_\_\_\_\_ ENTRIES CLOSE

BOWLER #1: \_\_\_\_\_ AVG: \_\_\_\_\_ TEAM SINGLES SEPT 20, 2024

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

USBC#: \_\_\_\_\_ DOB: \_\_\_\_\_ CAPTAIN?  
YES NO ALL ENTRIES

BOWLER #2: \_\_\_\_\_ AVG: \_\_\_\_\_ TEAM SINGLES MUST HAVE

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CAPTAIN?

USBC#: \_\_\_\_\_ DOB: \_\_\_\_\_ YES NO AVERAGES  
E-MAIL: \_\_\_\_\_ VERIFIED.

BOWLER #3: \_\_\_\_\_ AVG: \_\_\_\_\_ TEAM SINGLES OFFICE USE:

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CAPTAIN?

USBC#: \_\_\_\_\_ DOB: \_\_\_\_\_ YES NO RECEIVED BY: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

BOWLER #4: \_\_\_\_\_ AVG: \_\_\_\_\_ TEAM SINGLES AMT PD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CAPTAIN?

USBC#: \_\_\_\_\_ DOB: \_\_\_\_\_ YES NO ENTRY #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

**Crossroads Bowling Center**

INCLUDE DRIVERS LICENSE # ON ALL CHECKS.

CROSSROADS BOWLING CENTER

ATTN: 50 PLUS

SUBMIT 4370 DOWLEN RD

IO: BEAUMONT, TX 77706

I CERTIFY THAT I HAVE READ ALL THE RULES AND REGULATIONS OF THIS TOURNAMENT AND THAT MY TEAM AND I WILL ABIDE BY THEM. PLEASE SEND ME CONFIRMATION BY: PHONE / E-MAIL (CIRCLE ONE)

TEAM CAPTAIN (PRINT)

(SIGNATURE)

PHONE NUMBER