



NEW YORK STATE USBC INC.

14th ANNUAL ADULT/JUNIOR DOUBLES STATE CHAMPIONSHIP TOURNAMENT CERTIFIED by USBC



ALL SQUADS BOWL AT:

AMF STRIKE & SPARE LANES 1777 Brewerton Road Syracuse, NY 13211 (315) 454-4428

SQUADS DATES AND TIMES:

FRIDAY, May 4, 2012 7:30 PM & 9:30 PM SATURDAY, May 5, 2012 6:00 PM & 8:30 PM SUNDAY, May 6, 2012 1:00 PM & 3:00 PM

PREPAID ENTRY FEE: \$27.00 PER TEAM (\$13.50 PER BOWLER)

Table with 2 columns: Item, Amount. Rows: PRIZE FUND RETURNED 100%, BOWLING FEE \$13.20, PRIZE FUND 7.80, EXPENSES 6.00, Total \$27.00

ADVANCE RESERVATIONS CLOSE: April 25, 2012 WALK-ON ENTRIES ACCEPTED FOR ANY SQUAD IF SPACE PERMITS*

TOURNAMENT RULES

- 1. Adults must be certified members of USBC in New York State for the 2011-2012 season... 2. Junior participants must be USBC certified members of the New York State USBC Inc. for the 2011-12 season... 3. There will be four divisions: Adult Female / Junior Female, Adult Male / Junior Male, Adult Female / Junior Male, Adult Male / Junior Female... 4. Handicap will be 90% against 440 in all divisions... 5. MULTIPLE PARTICIPATION SHALL BE UNLIMITED WITH CHANGE OF PARTNERS... 6. Prize fee returned 100% in the form of trophies and/or scholarship depending on number of entries... 7. Junior entrant will use his/her highest USBC certified league average as of (& including) 2/1/12... 8. Adult entrant will use his/her highest USBC certified league average from the 2010-11 season... 9. The tournament manager reserves the right to make decisions in any matters pertaining to the tournament... *10. Walk-ons will be allowed if space permits. A walk-on/re-entry charge of \$3.00 per team will apply to those paying after 4/25/12.

Scholarships will be administered by the USBC Smart Program, Account #10118.

CUT ALONG DOTTED LINE BELOW - MAIL ONLY PORTION BELOW LINE.

(All spaces on this application must be completed)

ENTRY # _____ Certification # (Required) Average (rule 7) Junior Entrant: _____ (Circle One) M / F Assn: _____ Junior Address: _____ Junior Phone #: _____ (Street Address)

Adult Entrant: _____ (Circle One) M / F Assn: _____ Certification # (Required) Average (rule 8) Adult Address: _____ Adult Phone #: _____ (Street Address) (City/State/Zip Code)

1st Choice (date & time) _____ 2nd Choice (date & time) _____

UNLESS NOTIFIED ENTRANTS WILL RECEIVE 1ST CHOICE OF DATE AND SQUAD.

FULL FEE MUST ACCOMPANY ENTRY

Make checks payable to: NYS USBC Inc.

MAIL TO: NEW YORK STATE USBC INC. Paul Terracciano, Tournament Director 238 Warren Avenue, Hawthorne, NY 10532 (914) 773-1003

Visit our website at www.bowlny.com