

Camden Suburban USBC Women's Bowling Association

Bowl for the Cure Tournament

Singles

100 % Handicap Based on 230
September 23,24,30 and October 1,2006
Squad Times
11 A.M. & 2 P.M.

Entries Close September 18, 2006

TOTAL FEES

Singles Event_____ \$15.00 per Individual

Entry fee: \$15 per event

(\$6.00 bowling - \$8.00 Donation Fund—\$1.00 Tournament Expense)

Brunswick Zone Glassboro

Delsea Drive

Glassboro, NJ

856-881-1011

All remittances must be made payable to:

Camden Suburban USBC WBA

Mail all entries, with fee to:

Bowl For The Cure Tournament

c/o Donald E. Davis Sr.

436 E. Walnut Ave.

Lindenwold, N.J. 08021

ENTRY NO. _____ Do not write in these spaces
Amount rcvd. _____

Date and time preferred: _____ Second choice: _____

Membership number	Bowlers Name	Bowlers Address	High average league	2005-06 high average	Division

^RULES: THIS IS A BENEFIT TOURNAMENT AND NO CASH PRIZES ARE TO BE AWARDED

- 1. OPEN TO ALL USBC MEMBERS**
- 2. 100% HANDICAP BASED ON 230**
- 3. DIVISIONS ARE: FEMALE YOUTH—MALE YOUTH—FEMALE—MALE**
- 4. DIVISION WINNERS WILL RECEIVE A TROPHY**
- 5. ENTERING AVERAGE WILL BE THE HIGHEST USBC REPORTED LEAGUE AVERAGE AS OF JULY 31,2006**
- 6. FORMAT IS A THREE (3) GAME SET WITH HANDICAP TO DETERMINE WINNERS.**
- 7. COMPETITION IS LIMITED TO ONE (1) EVENT**
- 8. REPORTING OF PREVIOUS TOURNAMENT WINNINGS WILL NOT APPLY.**
- 9. USBC RULE 319A (TEN PIN RULE) IS IN EFFECT.**
- 10. ALL DECISIONS OF THE TOURNAMENT MANAGER ARE FINAL UNLESS AN APPEAL IS MADE IN ACCORDANCE WITH RULE 329.**
- 11. CONSUMPTION OF ALCOHOL DURING COMPETITION IS PROHIBITED**

I hereby enter the above named team and all agree to abide by the Tournament, C S USBC WBA, and USBC rules and regulations. It is also agreed that any falsification of average, errors in the other information specified, or any violation of the rules governing this Tournament, will subject the team members to full forfeiture of all fees paid and disqualify them from participation in any prizes to which they may otherwise have been entitled.

Bowler's Signature _____

Telephone Number _____

I hereby grant my daughter/son permission to participate in the Bowl For The Cure Tournament and agree to the rule set forth.

Parental Signature _____ Date _____

Printed Name _____