

July 13-14, 21-24, 29-30, 2017



USBC CERTIFIED #04943

Game of Mentor

7300 Palisades Parkway

Mentor, OH 44060

(440) 946-5131

Cleveland, OH • July 2017

DATE	TEAM	DBLS/SNGLS	DBLS/SNGLS	TEAM	DBLS/SNGLS
Thurs 13-Jul		10:00 AM			
Fri 14-Jul					
Fri 21-Jul	8:00 AM	12:00 PM	4:00 PM	8:00 PM	
Sat 22-Jul	8:00 AM	12:00 PM	4:00 PM		8:00 PM
Sun 23-Jul	8:00 AM	11:00 AM	2:00 PM		
Mon 24-Jul	8:00 AM	11:00 AM	2:00 PM		
Tues 25-Jul					
Wed 26-Jul					
Thurs 27-Jul					
Fri 28-Jul					
Sat 29-Jul	8:00 AM	11:00 AM			
Sun 30-Jul	8:00 AM	11:00 AM			

PLEASE CHECK BOX FOR HANDICAP TEAM OPTION

COMPLETE THIS SECTION		
TEAM CONTACT (MUST BE 18 YEARS OR OLDER)	DAY PHONE	
STREET ADDRESS	EVENING PHONE	
CITY STATE ZIP		
EMAIL ADDRESS		
TEAM NAME/HOME CENTER		
PREFERRED TEAM NAME/NUMBER TO CROSS WITH (NOT GUARANTEED)		
PREFERRED DATE & TIME - SQUADS WILL BE ON FRESH OIL		ALL EVENTS
		TEAM
		DBLS/SGLS
2ND OPTION- DATE & TIME - WILL BE USED IF FIRST OPTION IS NOT AVAILABLE		EVENTS
		TEAM
		DBLS/SGLS

LINE UP	NATIONAL ID #	LAST NAME, FIRST NAME	ADDRESS	GENDER	DOB
1.					
		EMAIL:			
2.					
		EMAIL:			
3.					
		EMAIL:			
4.					
		EMAIL:			

DOUBLES & SINGLES (MUST BOWL BOTH EVENTS) DOUBLES DIVISION BASED ON AGE OF OLDEST COMPETITOR. TWO FEMALE BOWLERS ON THE SAME DOUBLES TEAM WILL AUTOMATICALLY BOWL IN THE GIRLS ONLY DIVISION

SETS	LAST NAME, FIRST NAME	ALL-EVENTS	ALL-EVENTS	SINGLES	DOUBLES
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USE THIS SECTION FOR THE COST OF THIS ENTRY MUST ENTER SCRATCH TO ENTER HDCP OPTION	
TEAM COST - \$140 PER TEAM (AFTER 7/12/17-\$160)	\$
DOUBLES & SINGLES COST - \$70 PER PERSON (AFTER 7/12/17 \$80 PER PERSON)	\$
ALL EVENTS COST - \$5 PER PERSON	\$
TEAM COST - Handicap Option - \$40 PER TEAM	\$
DOUBLES - Handicap Option - \$10 PER PERSON (BOTH PARTNERS MUST PAY TO ENTER)	\$
SINGLES - Handicap Option - \$10 PER PERSON	\$
ALL EVENTS - Handicap Option - \$5 PER PERSON	\$
TOTAL FROM ALL ENTRIES	

ACCOUNT # _____

EXP DATE _____ CCV# _____

NAME AS IT APPEARS ON CARD _____

EMAIL OF CARD HOLDER _____

DAY TIME TEL. # OF CARD HOLDER _____

MY SIGNATURE BELOW AUTHORIZES A CHARGE REQUEST FOR \$ _____

SIGNATURE _____

METHOD OF PAYMENT: MASTER CARD VISA
 CHECK MONEY ORDER/CASHIER'S CHECK
 CHECKS PAYABLE TO: IBC YOUTH BOWLING

DATE RECEIVED BY USBC



ONLINE ENTRIES CLOSE: JULY 1, 2017

Questions? Please call (800) 514-2695 ext. 8426 or email Tournaments@ibcyouth.com

MAIL FORM TO: YOUTH OPEN • 621 SIX FLAGS DR. ARLINGTON, TEXAS 76011 • FAX (817) 385-8262 • (800) 514-2695 ext. 8426