

# REGISTRATION FORM FOR 89TH ANNUAL ELKS BOWLING TOURNAMENT

**TEAM EVENT**

1st Choice: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Team Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ 2nd Choice: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Team Captain \_\_\_\_\_ 3rd Choice: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Enter name of City Bowling Association Secretary below:  
 Name: \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: DO NOT WRITE IN THESE SPACES		Name of City and State				
SQUAD NO.	Bowler's No.			Please PRINT (Full Name) TEAM LINE-UP as they bowl	Highest Average	USBC Membership No
DATE						
TIME						

**MINOR EVENTS**

Entrants must enter both  
 Doubles and Singles

1st Choice: Date \_\_\_\_\_ Time \_\_\_\_\_  
 2nd Choice: Date \_\_\_\_\_ Time \_\_\_\_\_  
 3rd Choice: Date \_\_\_\_\_ Time \_\_\_\_\_

SQUAD NO.	CHECK HERE IF 62 YRS. OR OLDER ↓	NO CHANGES WITHIN ONE-HALF HOUR OF SQUAD TIME				Highest Average	USBC Membership No
		List PAIR ONLY (2, 4, or 6 names)					
DATE							
TIME							

If the 6th man is bowling with another team, what team?  
 \_\_\_\_\_

Key# _____	Amt. Rec'd _____	Date Rec'd _____
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