

Minor Events: List name, address, sanction number, and average above.

LIST NAMES BELOW. PLEASE PRINT OR TYPE.	MARK YES FOR ALL EVENTS
LEAD-OFF	
ANCHOR	
LEAD-OFF	
ANCHOR	
LEAD-OFF	
ANCHOR	

In the capacity of the team captain, and on behalf of its members, I hereby enter the above team in the events indicated and agree to abide by the tournament and USBC Rules.

(print) TEAM CAPTAIN (signed)

Address Phone

City State Zip

Please pair with:

Write here - Preferred Times and Dates		
TEAM EVENT	DATE	TIME
1ST CHOICE		
2ND CHOICE		
3RD CHOICE		
RESERVED		
MINOR EVENT	DATE	TIME
1ST CHOICE		
2ND CHOICE		
3RD CHOICE		
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ENTRY FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED FOR COMPLETION

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