

# 2020 CNM USBC

## 81<sup>st</sup> Annual Open Championship Tournament

Please Type or Print

Team Captain \_\_\_\_\_ USBC # \_\_\_\_\_ -

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Team Name \_\_\_\_\_

Credit Card - - - Exp / CVV

<b>Entry #:</b>	
1-Team x \$150 = _____	
Dbls/Sgls x \$120 = _____	
A/E Hdcp. x 6 = _____	
A/E Scratch x \$6 = _____	
Total Amount Due = _____	
----- OFFICE USE ONLY -----	
Date Received: _____	

**Team Line Up: \$30.00 Per Bowler Please list in bowling order and provide all information**

USBC#	Name, Address & Phone Number		DOB
1.			DOB
Average:	<input type="checkbox"/> Pro Bowler	Email: _____	
2.			DOB
Average:	<input type="checkbox"/> Pro Bowler	Email: _____	
3.			DOB
Average:	<input type="checkbox"/> Pro Bowler	Email: _____	
4.			DOB
Average:	<input type="checkbox"/> Pro Bowler	Email: _____	
5.			DOB
Average:	<input type="checkbox"/> Pro Bowler	Email: _____	

**Doubles & Singles Line Up: \$60.00 Per Bowler For Both**

USBC#	Name & Address	All Events		SR All Events	
		HCP (x)	SCR (x)	HCP (x)	SCR (x)
1.					
Average:	<input type="checkbox"/> Pro Bowler	Email: _____			
2.					
Average:	<input type="checkbox"/> Pro Bowler	Email: _____			
1.					
Average:	<input type="checkbox"/> Pro Bowler	Email: _____			
2.					
Average:	<input type="checkbox"/> Pro Bowler	Email: _____			
1.					
Average:	<input type="checkbox"/> Pro Bowler	Email: _____			
2.					
Average:	<input type="checkbox"/> Pro Bowler	Email: _____			

### DIVISIONS

**Team Handicap 90% of 1100**  
 Division 1 is 900 & above.  
 Division 2 is 899 & below.

**Doubles handicap 90% of 440**  
 Division 1 is 360 and above.  
 Division 2 is 359 and below.

**Singles Handicap 90% of 220**  
 Division 1 is 180 and above.  
 Division 2 is 179 and below.

**Handicap (90% of 220) & Scratch All Events**  
 Division 1 is 180 and above.  
 Division 2 is 179 and below.

**Squad Times                      Doubles & Singles Time                      Team Time**

Saturday February 8, 2020		
Sunday February 9, 2020		
Saturday February 15, 2020	<b>9:00 AM</b>	<b>1:30 PM</b>
Sunday February 16, 2020		
Saturday February 22, 2020		
Sunday February 23, 2020		

**Choose Dates from Drop-Down Menus:**

Team 1<sup>st</sup> Choice \_\_\_\_\_ 1:30 PM

Team 2<sup>nd</sup> Choice \_\_\_\_\_ 1:30 PM

Doubles and Singles 1<sup>st</sup> Choice \_\_\_\_\_ 9:00 AM

Doubles and Singles 2<sup>nd</sup> Choice \_\_\_\_\_ 9:00 AM

I certify that the averages indicated are true and correct and the entrants are members in good standing in this local association.

\_\_\_\_\_

Association Manager

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone \_\_\_\_\_ Association # \_\_\_\_\_