

## the Jutchman 2023 Bolony Bowling Tourney Fill out all personal information for all bowlers on the team below.

If no team, then fill in info for those bowling s/d.

Make checks payable and mail to: **Dutchman Bolony Bowling Tourney** 1218 E. Main St Palmyra, PA 17078

Entry #

Email or check our website for availability.									(717) 838-6345			
Name		M A N	MAN USBC#					<sup>A</sup> 21-22 10+				
Street		Emai	il or Ph	one						Sport_		
City	St	Zip		Social Security #				Bday (n	nm/dd/y	yy)		
Name		M A N	L A D	USBC#				A 21-22		10+		
Street		Emai	il or Ph	one						Sport_		
City	St	Zip		Social Security #				Bday (mm/dd/yy)		yy)		
Name		M A N	L A D	USBC#				A 21-22		10+		
Street	treet		il or Ph	ne			E Current		Sport	_ Sport		
City	St			Social Security #			Bday (mm/dd/yy)		/y)			
Name		M A N	USBC#					A 21-221			0+	
Street			Email or Phone					v Current		Sport		
City	St			Social Security #				Bday (mm/dd/yy)				
Name	ame		L A D	USBC#				A 21-22		10+		
Street			il or Ph					Current		Sport_	_ Sport	
City	St	Zip		Social Security #			Bday (mm/dd/yy)					
Name		M A N	USBC#					A 21-2210+				
Street			Email or Phone					E Current Sport				
City	St		Zip Social Security #				Bday (mm/dd/yy)					
Singles & Doub		tion	T	eam Reç	gistr	atior	<b>] -</b> 4 Gam	es		Entry F		
3 games each event - 6 games total			Team Name						Team Event \$210 per team \$42 per bowler			
ay/Date				Team City, State						\$10 Optional singles in Team \$52 per bowler - \$260 team		
Bowlers Name List in bowling order	Opt Singles Bolo	ny Bank \$10	Day/Date Time					er bowler - \$260 team <u>Breakdown</u>				
								ingles				
_			1)				_ \$ <sup>-</sup>			& Doubles		
			2)					_	\$10 Op	r bowler otional Single		
		一百	3)				<u> </u>			lony Bank (A r bowler - \$1!		
			4)				<u> </u>			Doubles Break \$14 + Prize \$10		
		ᆜᅴ	5)				Ī		Tourn Ex	xp \$9.00 = \$39	.00 per event	
									Optional Prize \$9	Events Break(   + Expense \$1	<u>10wn</u> = \$10 per ev	
Team Captain o		n)	*Entries	not paid in full 2	weeks	in advanc	ed will be ch	arged a \$	5 per pe	erson per squ	ad late fee	
(All correspondence & checks will be mailed to this person)  t Name			Tea	n		ı	REFUND BB	Sched	uled	Day/Date	Time	
			Opt Te					Team				
ress			Sing/E		+		LOST BB	Singles	3			
St Zip								Notes:	 es:			
il	<del></del>		Total I									
ne ()	Check one: (cell / ho		Amount	Revd				_		,,		

Date Rcvd