



the Dutchman 2024 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.

Email us or check our website for availability.

Make checks payable
and mail to:
**Dutchman Bolony
Bowling Tourney**
1218 E. Main St
Palmyra, PA 17078
(717) 838-6345

Name	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 22-23 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

Name	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 22-23 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

Name	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 22-23 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

Name	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 22-23 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

Name	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 22-23 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

Name	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 22-23 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

Singles & Doubles Registration

3 games each event - 6 games total

Day/Date	Time	
Bowlers Name <i>List in bowling order</i>	Opt Singles \$10	Bolony Bank \$10
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>

Team Registration - 4 Games

Team Name	
Team City, State	
Day/Date	Time
Bowlers Name - <i>List in bowling order</i>	Opt Singles \$10
1)	<input type="checkbox"/>
2)	<input type="checkbox"/>
3)	<input type="checkbox"/>
4)	<input type="checkbox"/>
5)	<input type="checkbox"/>

Entry Fees

Everything/bowler = \$150

Team Event
\$210 per team
\$42 per bowler
\$10 Optional singles in Team
\$52 per bowler - \$260 team

Team Breakdown
Bowling \$90.00 + Prize \$88.00
Tourn Exp \$32 = \$210

Singles & Doubles
\$78 per bowler
\$10 Optional Singles in Doubles
\$10 Bolony Bank (All Event D/S)
\$98 per bowler - \$196 pair
Singles/Doubles Breakdown Bowling
(3 gms) \$14 + Prize \$16
Tourn Exp \$9.00 = \$39.00 per event
Optional Events Breakdown
Prize \$9 + Expense \$1 = \$10 per event

Team Captain or Group Leader

(All correspondence & checks will be mailed to this person)

Print Name _____

Address _____

City _____ St _____ Zip _____

Email _____

Phone (____) _____

Check one: (cell / home / work)

*Entries not paid in full 2 weeks in advanced will be charged a \$5 per person per squad late fee.

Team	REFUND BB	Scheduled	Day/Date	Time
Opt Team		Team		
Sing/Dbles		Singles		
Opt Doubles	LOST BB	Notes:		
Bolony Bank				
Total Due				
Amount Rcvd				
Date Rcvd				

Entry #