

Entry Form

(Champion of Champions)

League Name : _____ Bowling Center : _____

League Secretary : _____ Phone #: _____

Team Name : _____

Team Captain : _____ Phone # : _____

Address : _____ E Mail Address: _____

City : _____ State : _____ Zip Code : _____

Team Line Up

(in order of bowling no order changes made after submitting)

	Name	ID #	Average	Jacket Size
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

I certify that I understand the rules and submitted averages are correct to the best of my knowledge.

Team Captain Signature

Make checks payable for **\$100.00** to:

CHUSBC BA

Mail entries to:
Eric Lundeen
3551 Mill Green Rd
Street, MD 21154

Preferred Squad Time

1st Choice _____

2nd Choice _____