

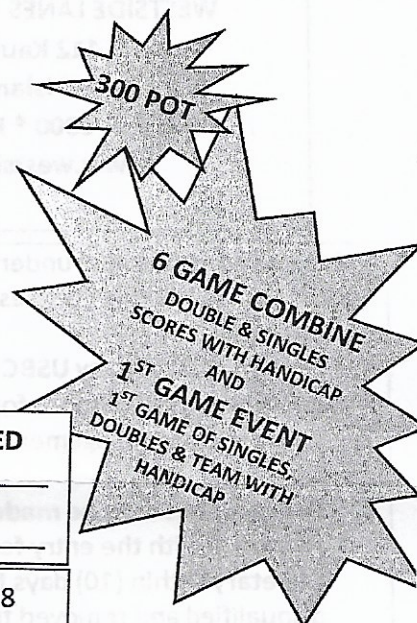
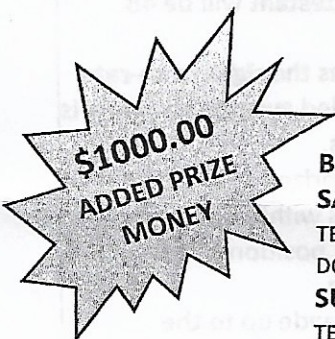
# ROY FREDRICKSON

## GRAND ISLAND OPEN HANDICAP BOWLING TOURNAMENT



	ENTRY FEES			
	TEAM	DOUBLES	SINGLES	ALL EVENTS
PRIZE	51.25	20.50	10.25	4.50
BOWLING	43.75	17.50	8.75	
EXPENSE	15.00	6.00	3.00	.50
TOTAL	\$110.00	\$44.00	\$22.00	\$5.00
OPTIONAL:				
6 GAME COMBINE			\$6.00	
1 <sup>ST</sup> GAME EVENT			\$6.00	
300 GAME POT			\$3.00	

NO ENTRIES SCHEDULED WITHOUT FULL PAYMENT



### BOWLING SCHEDULE

#### SATURDAY

TEAMS..... 2:30 - 5:30PM  
 DOUBLES & SINGLES..... 2:30 - 5:30PM

#### SUNDAY

TEAM..... 10:00AM - 1:00PM  
 DOUBLES & SINGLES..... 10:00AM - 1:00PM

**DATE AND TIME PREFERRED**

TEAM \_\_\_\_\_ TIME \_\_\_\_\_

DOUBLES & SINGLES \_\_\_\_\_ TIME \_\_\_\_\_

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JANUARY 20 & 21....27 & 28  
 FEBRUARY 3 & 4 ....10 & 11

TEAM NAME:		CITY:		STATE:		
	TEAM OFFICAL LINE-UP	SANCTION NUMBER	HIGHEST BOOK AVERAGE	ALL EVENTS	LEAVE BLANK	
1						
2						
3						
4						
5						
SUB						

	BOWLER'S NAME	SANCTION NUMBER	BOOK AVERAGE	6 GAME COMBINE	1ST GAME EVENT	300 POT	LEAVE BLANK	
1								
2								
1								
2								
1								
2								

TEAM PLAYER IS LISTED FOR D/S ON ANOTHER ENTRY: (TEAM NAME) \_\_\_\_\_

D/S PLAYER IS LISTED FOR TEAM ON ANOTHER ENTRY: (TEAM NAME) \_\_\_\_\_

ENTRY MUST BE CERTIFIED BY LEAGUE SECRETARY IF WE HAVE YOUR YEAR BOOK. OTHERWISE, ENTRY MUST BE SIGNED BY CITY ASSOCIATION SECRETARY. ENTRY WILL BE RETURNED IF NOT CERTIFIED. SIGNED: \_\_\_\_\_

I have read and understood all tournament rules on reverse side.

TEAM CAPTAIN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_