Lee Evans Tournament of The Americas

JUNIOR Division (ages 12-15) Bowler Entry Form

(Please type or print clearly)

Name:_				Age:_		
Name to be used for records:				Date of Birt	th <i>(M/D/Y):</i> _	
Address:_						
City:_	State/Province:_					
Country:_	Postal Code:_					
Telephone:(work)	(home)_					
Fax::_		E-mail:_				
Occupation						
DIVISION: (X one)	MALE:_		FEMALE:_			
Participated in the Tournamer	nt of The Ameri	cas in (years)_			
Major bowling accomplishme (TYPE in here)	nts (give year)	- tournaments	s, 300 games, e	tc		
Bowling Average:_	Highest Game:_		Highes	Highest Set of 3 games:_		
If you are a member of USBC	, give member	number:				
AUTHORIZING OFFICIAL	REQUIRED FEDERATION CODE:_					
Name:_	Title:_					
Association Name						
Telephone:(day)	Fax:_					
E-mail:_						
F Telephone: 1-954-577	6919 West Brow Plantation, Flori	ward Bouleva da 33317 Fax:1-954		viation	REWLINS TO MANAGEMENT	