Lee Evans Tournament of The Americas

JUNIOR Division (ages 16-19) Bowler Entry Form

(Please type or print clearly)

Name:_			Age:_
Name to be used for records	:		Date of Birth (M/D/Y):_
Address:_			
City:_	State/Province:_		
Country:_	Postal Code:_		
Telephone:(work)	(home)_		
Fax:_	E-mail:_		
Occupation			
DIVISION: (X one)	MALE:_	FE	EMALE:_
Participated in the Tourname	ent of The Americas	s in (years)_	
Major bowling accomplishme (TYPE in here)	ents (give year) - to	urnaments, 30	00 games, etc
Bowling Average:_	Highest Gam	e:_	Highest Set of 3 games:_
If you are a member of USBO	C, give member nu	mber:	
AUTHORIZING OFFICIAL		REQUIRED FEDERATION CODE:_	
Name:_		Т	ītle:_
Association Name			
Telephone:(day)		Fax:_	
E-mail:_			
Return completed form to: Bowling Tournaments of The Americas Association			

6919 West Broward Boulevard #277

Plantation, Florida 33317
Telephone: 1-954-577-9948
Fax:1-Fax:1-954-423-4081

E-Mail: toa@bowlingamericas.com

