

Lee Evans Tournament of The Americas

SENIOR Division 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: _

FEMALE: _

Participated in the Tournament of The Americas in (years) _

Major bowling accomplishments (give year) - tournaments, 300 games, etc
(TYPE in here)

Bowling Average: _

Highest Game: _

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: _

Return completed form to: Bowling Tournaments of The Americas Association
6919 West Broward Boulevard #277
Plantation, Florida 33317

Telephone: 1-954-577-9948

Fax: 1-954-423-4081

E-Mail: toa@bowlingamericas.com

