

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 _____

Address _____

City _____ State/Prvince _____

Country _____ Postal Code _____

Telephone:(work) _____ (home) _____

Fax: _____ E-mail _____

Occupation _____

DIVISION: (circle one) MALE FEMALE

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

Major bowling accomplishments (give year) - tournaments, 300 games, etc _____

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