DATE:		**USBC CERT. #:**	
BOWLING EVENTS:	Singles / Doubles	**ELIGIBILITY:**	Active & Applicant SIRS, Widows, Spouses and Guests
OTHER EVENTS:	Hdcp AE	**CITY:**	
		BOWLING CENTER:	

COST: PER BOWLER, PER BOWLING EVENT, and must accompany the entry form.

Lineage: Tournament Expenses Fee: SIR fee: Prize Fund:

Handicap All Events: Scratch AE: Scratch Singles:

All prize money will be returned (100%) on a ratio of one prize for every _____ entries.

Refund Policy: Rule 314 is waived. All events that have been paid for and not bowled will be refunded.

Cutoff Date: All payments and applications must be received on or before:

ELIGIBILITY: All active and applicant SIR's, invited guests of a SIR member, spouses of SIR's, and widows of SIR's. All participants must be USBC members.

ENTERING AVERAGES:

1. Use most current USBC Standard Composite average (21 games or more) IF NONE,
2. Use current year USBC league average of (21 games or more)
3. If average is unverifiable, entrant must bowl scratch (the Base handicap Average)
4. USBC Rules 319a: 319a-1b, 319a-3; 319c and 319d apply and Rule 319a-2 is waived.
5. Players averages will be verified on **Bowling.com.**

HANDICAP: Handicap will be _____ of the difference between the bowler's average and _____ for Singles and the difference between the partners combined averages and _____ for Doubles.

PARTICIPATION:

1. **Singles:** A bowler may bowl and cash only one time.
2. **Doubles:** A bowler may bowl and cash only one time. ONE BOWLER MUST BE A SIR MEMBER.

DIVISIONS:

		Divisions				
EVENT	**Clear**	**A**	**A-B**	**A-B-C**	**A-W**	**A-B-W**
Hdcp Singles						
Hdcp Doubles					✕	✕
Hdcp Team						
Hdcp All Events						
Scratch Singles						
Scratch All Events						

Legend	
A	One Division
A-B	Two Divisions
A-B-C	Three Divisions
A-W	Separate Men & Women Divisions
A-B-W	Two Men's Div and one Women's

DISPUTES: Disputes and problems not covered by these rules or USBC Tournament Rules will be resolved by the Tournament Committee.

TOURNAMENT CONTACTS: _____

Title	Name	Phone	Email

Notes:

BOWLERS:

Team	Name	Branch	Gender M/F	USBC #	Average SIR	Average USBC	Singles X	Doubles X	Hdcp AE X		.	.
A												
B												

Notes:

Person to receive results and prize checks:

Name: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Make checks payable to:

Mail completed entries & checks to:

Name:

Address:

City, State Zip:

SQUAD SCHEDULE

_____   _____

Day   Date

Time: _____   Event

Time: _____   Event

_____

ENTRY FEES

$ _____ Per bowler per event

$ _____ Optional HDCP All Events

$ _____ Optional Scratch Singles

$ _____ Optional Scratch All Events

Notes:

Non-responsibility Clause: All activities arranged for, or by, or sponsored by Sons In Retirement Inc. and its branches, are for the convenience and pleasure of the member and their guests who desire to participate. Sons In Retirement, Inc., and its branches do not assume any responsibility for the wellbeing of the participants, or their property, and in any matter pertaining to said activity.

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Important: All regional health rules must be followed.