

HANDICAP TOURNAMENT ENTRY BLANK

REGULAR TEAM, SINGLES AND DOUBLES

ENTER BOWLERS IN THE POSITION THEY WILL BOWL. THERE WILL BE NO CHANGES IN THE LINEUP. THE ONLY CHANGES ALLOWED WILL BE IN THE EVENT OF A SUBSTITUTE BOWLER, MADE AT LEAST ONE HOUR BEFORE SCHEDULED TIME OF BOWLING.

NOTE: YOU MUST SHOOT BOTH SINGLES AND DOUBLES
THERE ARE NO LENGTHY BREAKS BETWEEN GAMES

NO BOWLER WILL BE ALLOWED TO ENTER ANY EVENTS AFTER DEADLINE
NO INDIVIDUAL WILL BE PERMITTED TO BOWL MORE THAN ONCE IN ANY EVENT

The National PNA Bowling Committee reserves the right to readjust the Time Schedule
Contingent on the number of Teams, Singles and Doubles entries received.

ALL RESERVATIONS ARE FINAL

FAILURE TO APPEAR WHEN SCHEDULED FORFIETS GAMES AND MONEY

ENTRY NO. _____

FOR TOURNAMENT USE ONLY

| | | | |
|------------|--|--|--|
| TEAM | | | |
| SINGLES | | | |
| DOUBLES | | | |
| ALL EVENTS | | | |
| TOTAL | | | |

CHECK NO(S). _____

PLEASE PRINT - LAST NAME FIRST *nicknames will not be accepted.*

| LEAVE BLANK | | LAST NAME | FIRST NAME | ADDRESS | CITY-STATE & ZIP | PNA LODGE NUMBER | PNA CERTIFICATE NUMBER | U.S.B.C NUMBER | TEAM | SINGLES | DOUBLES | ALL EVENTS | 10-11 HI-AVG | 11-12 HI-AVG | NOTE: LIST NAMES OF ALL LEAGUES (OVER 21 GAMES) AND CITY IN WHICH AVERAGE WAS ESTABLISHED. IF BOWLER BOWLED IN MORE THAN ONE LEAGUE, PLEASE PUT EACH LEAGUE |
|-------------|---|-----------|------------|---------|------------------|------------------|------------------------|----------------|------|---------|---------|------------|--------------|--------------|---|
| | 1 | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | | |

Team Name _____

Lodge No. _____

HANDICAP: 90% OF DIFFERENCE - SCRATCH 220

PLEASE INDICATE THE NAME OF THE HOTEL
WHERE YOUR TEAM IS STAYING.

REMARKS: _____

Captain _____

Address _____

City, State, Zip _____

Work Phone () _____

Home Phone () _____

E-Mail Address _____

ENTER PAIRS IN THE ORDER THEY ARE TO BOWL
SINGLES AND DOUBLES

1A _____

2A _____

1B _____

2B _____

1C _____

2C _____

CAPTAINS PLEASE NOTE:

YOU ARE RESPONSIBLE FOR THE FOLLOWING:

TO ACCURATELY COMPLETE THIS FORM,
INFORMING TEAM MEMBERS OF SCHEDULED TIMES
FOR TEAMS, SINGLES & DOUBLES AND TO SEND
MONEY FOR ALL BOWLERS LISTED ON THIS
APPLICATION. THIS INCLUDES THE SIXTH BOWLER.

A final average sheet from 2010-2011 season along with
current average sheet from 2011-2012 season as of
JANUARY 1, 2012 must be included with this entry form.

Averages verified by:

League Secretary

Name of Bowling Association

PLEASE NOTE: WHEN SELECTING YOUR SQUAD CHOICE, DO NOT SELECT
THE SAME TIME AS SECOND CHOICE.

| SINGLES-DOUBLES | | TEAM EVENT | | SINGLES-DOUBLES | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| FRIDAY | | SATURDAY | | SUNDAY | |
| APRIL 27, 2012 | | APRIL 28, 2012 | | APRIL 29, 2012 | |
| FIRST CHOICE | SECOND CHOICE | FIRST CHOICE | SECOND CHOICE | FIRST CHOICE | SECOND CHOICE |
| <input type="checkbox"/> 9:00 a.m. | <input type="checkbox"/> 9:00 a.m. | <input type="checkbox"/> 9:00 a.m. | <input type="checkbox"/> 9:00 a.m. | <input type="checkbox"/> 9:00 a.m. | <input type="checkbox"/> 9:00 a.m. |
| <input type="checkbox"/> 1:00 p.m. | <input type="checkbox"/> 1:00 p.m. | <input type="checkbox"/> 1:00 p.m. | <input type="checkbox"/> 1:00 p.m. | <input type="checkbox"/> 1:00 p.m. | <input type="checkbox"/> 1:00 p.m. |

PLEASE INDICATE AN (*) FOR SIXTH BOWLER AND
COMPLETE ALL INFORMATION ON THE SIXTH BELOW AND
SEND MONEY FOR THE SINGLES AND DOUBLES WITH THIS
APPLICATION. DO NOT REPEAT NAMES OF BOWLERS ON
OTHER APPLICATIONS.

SIXTH BOWLER _____

ADDRESS _____

CITY/STATE/ZIP _____

CERT. NO. _____ 2010-11 AVG. _____

U S B C. NO. _____ 2011-12 AVG. _____

ALL INQUIRIES: CALL THE PNA SPORTS & YOUTH
DEPARTMENT AT 1-800-621-3723 - EXT. 373 OR 316. E-MAIL
ADDRESS: pna@pna-znp.org

CERTIFICATION OF MEMBERSHIP

The undersigned certifies that the players whose names are
shown on this entry blank are bona fide members of the
POLISH NATIONAL ALLIANCE
to whom competition in this tournament must be restricted.

Lodge Secretary's Signature