



**STATE GAMES OF OREGON
BOWLING ENTRY FORM
REGIONAL QUALIFYING & STATE FINALS**

*Direct
Entry*

MAIL ENTRY FORM & ENTRY FEE TO:

STATE GAMES - BOWLING
12770 SW WALKER RD.
BEAVERTON, OR 97005

**MAKE CHECKS PAYABLE TO:
STATE GAMES OF OREGON**

FOR OFFICE USE ONLY		
SQUAD _____	SQUAD _____	Entry # _____
DIVISION _____	DIVISION _____	Paid \$ _____

Last Name		First Name		Gender (M/F)	
Mailing Address		Apt. No.	Birth Date (mm/dd/yy)		Age (as of January 1)
City	State	Zip Code		Average (as of February 1)	
Phone (including area code)		Alternate Phone # (work/cell)		USBC ID Number	
Home Bowling Center		<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge T-Shirt Size (Adult) – Check one box			
Email Address					

I am a member of: USBC None (ADDITIONAL \$5.00 PARTICIPATION FEE REQUIRED)

<u>USBC GIRLS</u> { } 9 years & under { } 10 years – 14 years { } 15 years & above	<u>USBC BOYS</u> { } 9 years & under { } 10 years – 14 years { } 15 years & above	<u>ADULT WOMEN</u> { } 35 years & under { } 36 years – 49 years { } 50 years – 64 years { } 65 years – 74 years { } 65 years & above	<u>ADULT MEN</u> { } 35 years & under { } 36 years – 49 years { } 50 years – 64 years { } 65 years – 74 years { } 65 years & above												
<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Time</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Handicap Division:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scratch Division:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date	Time	Location	Handicap Division:				Scratch Division:			
	Date	Time	Location												
Handicap Division:															
Scratch Division:															

Events: Please circle the appropriate one.

\$30 Handicap \$30 Scratch \$60 Both

FOR MORE INFORMATION: PHIL JACKSON – (503) 510-1736
Email: Phil@sunsetlanes.com