

TEAM NAME		LEAGUE	LOCAL ASSOCIATION		
Names & Address of Bowlers in Lineup Order (Please Print)			ABC Card No.	Tournament Average	Leave Blank
4 1	Name				
	Address				
	City & State				
2	Name				
	Address				
	City & State				
3	Name				
	Address				
	City & State				
4	Name				
	Address				
	City & State				
Alt	Name				
	Address				
	City & State				
Alt	Name				
	Address				
	City & State				

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Team Captain: Entry form must be FULLY COMPLETED before your team will be accepted. TYPE or PRINT, and furnish all information requested. Alternate must be listed, even though Doubles & Singles are on another form.

SPECIAL NOTE:

List entrants bowling with more than one team.

NAME	TEAM NAME

Above averages are certified to be correct.

City Association

Address Zip Code

Signature of Association Secretary

Indicate events entered with (✓) in proper column.		FOUR PERSON TEAM \$80.00 PER TEAM	DOUBLES \$40.00 PER PAIR MUST BOWL SINGLES	SINGLES \$20.00 EA PERSON	ALL-EVENTS \$7.00 PER PERSON		DO NOT WRITE HERE
DOUBLE ENTRIES MUST BE COMPLETE, TWO, FOUR, SIX MEN. If your Fifth man is paired with a man from another team, enter BOTH on the entry for the other team. DO NOT SPLIT ON EACH ENTRY FORM. DOUBLES & SINGLES ENTRIES ONLY: If half pair is listed - money will be returned.					Yes	No	
LEAD OFF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANCHOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LEAD OFF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANCHOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LEAD OFF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANCHOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Fifth Man is paired with man from another team, Please fill this in. Name of Other Team:		\$	\$	\$	\$	\$	

TO THE TOURNAMENT MANAGER:

Check here if you need a doubles partner and send entry fee for fifth man.

As Captain, I hereby enter the above named team in the MISSISSIPPI KNIGHTS OF COLUMBUS HANDICAP Tournament, and agree to abide by the Tournament and playing rules of the American Bowling Congress.

Signature of Team Captain		
Home Address		Phone
City	State	Zip Code