

Missouri Team Challenge Entry Form

Team Name: _____ Captain: _____

Email _____

Captain's Address: _____ City _____ State ____ Zip _____

Which Center Do You Represent? _____ Captain's Home Phone: ____ - ____ - ____

Name	USBC Number	Highest 2015-16 Book Avg	If No Book 21 Game Current Avg.	Bowling Center
1				
2				
3				
4				
5				

Proprietor Signature - Averages Verified:

_____ **REQUIRED**

Squad Date/Time (First Choice) _____ Squad Date/Time

(Second Choice) _____