

2010 Texas High School Bowling Club REGION ___ TEAM TOURNAMENT

OFFICIAL ENTRY FORM & SCORESHEET

March 6, 2010 at (center name), (city), TX

School Name:		ROSTER	CLASS	AVE.
Team Gender:				
I.S.D.				
THSBC District:				
Head Coach:				
Tm Nickname:				
School Colors:				
Place in District:				
District Record:				
Newspaper & E-mail Address				

Match	Lane	Our Score	Bonus Pins	Match Total	Our Cum Total	Opponent	Lane	Opp Score	Bonus Pins
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

I certify that each student listed above is eligible for USBC youth membership, has competed in at least one varsity match for our school in the regular season district schedule and meets the U.I.L. residency and eligibility requirements for participation in this regional tournament.

/s/ coach's name
 Typed Name of Head Coach

Coach's Phone #: _____

Coach's E-mail Address: _____

All information requested above is required and must be received by the Tournament Director, _____, no later than Mar. 2, 2010. E-mail this form to _____ or fax to (____) ____-____.