

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 2016-17 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)