TOURNAMENT REPORT

Adult Association

RETAIN REPORT FOR ASSOCIATION RECORDS [Do Not Submit to USBC Headquarters]

Association Tournament Report 20				Association #			
Association Name _				State	_ Date _		
Bowling Center(s) _							
Date(s) of Tourname	ent						
Important: Check All Boxes Whic State Local Handicap Tournament (Specify Percentage)		h Apply Scratch Tournament			Divisional Tournament		
3-Member Team		4-Member Team			5-Member Team		
Complete the follow Team/Doubles/S	Singles	m Event On	<i>,</i> —	Doubles	Only	Singles Only	
EVENT Team Doubles Singles All Events	PRIZE FEE PERSON PER I \$ \$ \$ \$ \$ \$ \$	EVENT	OF ENT	TRIES Teams Sets Entrants	3	FUND \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Date prize payments	s made to winners	S					
NOTE: Rule 309 proclose of the tourname of any claims or pro	nent except when stest which affects	USBC has a	uthorized				
Signature of Tourna	ment Manager _						