

ROCK HILL CLASSIC
8th ANNUAL MIXED HANDICAP BOWLING TOURNAMENT
USBC Certified

| TEAM EVENT - DATES & TIMES | | | DOUBLES - DATES & TIMES | | | SELECT TEAM DATES | |
|---|---------|--------|-------------------------|-----|--------------------|----------------------|------|
| SATURDAY | | | SUNDAY | | | DATE | TIME |
| NOV. 7th | 12:30PM | 3:30PM | NOV. 8th | 9AM | 11AM 1:30PM 3:30PM | 1st | 1st |
| NOV. 14th | 12:30PM | 3:30PM | NOV. 15th | 9AM | 11AM 1:30PM 3:30PM | 2nd | 2nd |
| NOV. 21st | 12:30PM | 3:30PM | NOV. 22nd | 9AM | 11AM 1:30PM 3:30PM | 3rd | 3rd |
| NOV. 28th | 12:30PM | 3:30PM | NOV. 29th | 9AM | 11AM 1:30PM 3:30PM | SELECT DOUBLES DATES | |
| | | | | | | DATE | TIME |
| EARLY BIRD SPECIAL FIRST WEEKEND | | | | | | 1st | 1st |
| LANES WILL BE REDRESSED AFTER 2ND SHIFT | | | | | | 2nd | 2nd |
| | | | | | | 3rd | 3rd |

TOTAL..... \$25.00 PER PERSON, PER EVENT

Prize Fund \$12.50, Bowling Lineage \$8.00, Expenses \$4.00 and Scholarship Fund \$.50 = \$25.00

Original Entries Close: Midnight October 13, 2009

CAPTAIN INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____ Phone# () _____ Email: _____

TEAM EVENT

TEAM _____ USBC LOCAL _____
NAME _____ ASSOCIATION _____

PRINT NAME (IN ORDER OF LINEUP)

| LAST | FIRST | ADDRESS | USBC# | AVG |
|------|-------|---------|-------|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

DOUBLES

| PRINT NAME (IN ORDER OF LINEUP) | | | | |
|---------------------------------|-------|---------|-------|-----|
| LAST | FIRST | ADDRESS | USBC# | AVG |
| 1 | | | | |
| 2 | | | | |
| 1 | | | | |
| 2 | | | | |

| AMT. REMITTED |
|---------------|
| Team |
| Doubles |
| TOTAL |

| |
|-----------|
| Entry No. |
| Date Rec. |