

Team Event
Stardust Bowl II
 3925 E Lincoln Hwy
 Merrillville, IN 46410
 219/942-0432

Entry #	_____
Date	_____
Received	_____
Amount \$	_____

SUNDAY TEAM
 June 29, 2008
 9:00 AM, if more than 64 teams 12:30 PM
ENTRY DEADLINE
May 1, 2008

TEAM NAME: _____

CAPTAIN: _____

ADDRESS: _____

CITY: _____ **State:** _____

PHONE: _____ **ZIP:** _____

E-Mail: _____

I.B.E.W. LOCAL #: _____

TEAM EVENT \$100.00 (20.00 PER PERSON):

Bowler ID.	NAME	ADDRESS	USBC	Year Ending
Office Only			Sanction #	AVE.
1				
2				
3				
4				
5				
6	One of the below must be filled in, if your fifth bowler is bowling with someone else.	NOTE: COMPANION TEAMS MUST BE SENT TOGETHER IF YOU WANT SAME LANES AND DOUBLES AND SINGLES TIME.		
IF NOT on another team	6a			
Bowler on another team	Name Only :	Companion Team Captain's Name:		
	6b			

Certification:

I hereby certify that all entrants who's Names appear on this Entries are bona fide members of the IBEW or registered apprentices.

Signed: _____ Local Union #: _____