

100th Annual Elks National Bowling Tournament

Hosted by Clawson-Troy, MI #2169

Handicap 95% - 230 Scratch -- per bowler
USBC Moral Sanctioned

From March 6th, 2020 through May 3rd, 2020 (Weekends Only)

Tournament Dates: March 6, 7, 8, - March 21, 22, - March 28, 29, - April 4, 5, - April 18, 19, - April 25, 26, - May 2, 3
(No Bowling March 14 & 15 and April 11 & 12)

OFFICIAL ENTRY BLANK

PLEASE ENTER LOCAL ASSOCIATION FOR
VERIFICATION OF AVERAGE ON ENTRY**

Please Type or Print

TEAM EVENT:

Astro Lanes
32388 John R Road, Madison Hgts, MI 48071
Phone: (248) 585-3132
Squad Times:
Friday - 2:00 p.m. (If Enough Teams)
Saturday - 10:30 a.m. and 2:30 p.m.
Sunday - 9:00 a.m. and 1:00 p.m.

Early Reservations

Early Reservations by December 15, 2019
means with Money and Applications
All Entries By January 15, 2020
If entries dictate. A 3rd shift will be added

DOUBLES & SINGLES

Astro Lanes
32388 John R Road, Madison Hgts, MI 48071
Phone: (248) 585-3132
Squad Times:
Friday - 2:00 p.m. (If Enough Teams)
Saturday - 10:30 a.m. and 2:30 p.m.
Sunday - 9:00 a.m. and 1:00 p.m.

TOURNAMENT HEADQUARTERS HOTELS:

Quality Inn
2537 Rochester Court
Troy, MI 48083
Phone: (248) 689-7500

FOR INFORMATION CALL:

Louie Johnston
Secretary-Treasurer
Phone: (586) 749-5098
Fax: (586) 749-5098
email: elksnationalbowlingassoc@gmail.com

ENTRY

must be filled out completely to be
accepted-all spaces including
sanction # and average
if none, mark space N/A.

ENTRY FEE SCHEDULE:

5-Person Team Event \$100 per team
2-Person Double \$40 per team
Singles \$20 per person
Plus an additional charge per Bowler of \$5.00

TOP HANDICAP PRIZE MONEY:

**THE FIRST PLACE HANDICAP PRIZE SHALL BE
FIGURED ON A PERCENTAGE BASIS IN THE
TEAM EVENT, DOUBLES, AND SINGLES.**

AFFIDAVIT: Must be signed by your lodge secretary.
I hereby certify that all member of teams listed
herein are Elks in good standing and/or their
spouses with currently paid up membership

(Note: If you bowl Doubles, you must enter Singles.)

AT LEAST ONE OUT OF EVERY 10 ENTRANTS CASH! 100% RETURN OF PRIZE FEE

_____ print
_____ sign
Secretary Lodge _____ No. _____

TEAM EVENT Lodge Name _____ 1st Choice: Date _____ Time _____
Team Name _____ Lodge No. _____ 2nd Choice: Date _____ Time _____
Team Captain _____ 3rd Choice: Date _____ Time _____
Address _____ City _____
State/Zip _____ Phone Home _____ Cell _____
*Email Address _____ For verification of squad dates & times

PLEASE READ TOURNAMENT RULES AND HANDICAP REGULATIONS ON REVERSE SIDE

Please PRINT (Full Name) TEAM Line Up as they bowl	Highest Average	USBC Membership No.

MINOR EVENTS Entrants must enter both
Doubles and Singles

1st Choice: Date _____ Time _____
2nd Choice: Date _____ Time _____
3rd Choice: Date _____ Time _____

PLEASE MARK FOLLOWED