

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 2017-18 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) _____

*****SUMMER AVERAGES ARE BOOK AVERAGES**

Summit Lanes

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NO CHECKS
Visa, Mastercard, AmEx, Discover

Sat. 4/13
Sun. 4/14

1:00 PM
9:00 AM, 1:00 PM