

**ILLINOIS STATE USBC
USBC CERTIFIED**

123RD ANNUAL OPEN TOURNAMENT

**NORTH AND SOUTH SECTIONS
(SEPARATE TOURNAMENTS) YOU MAY BOWL IN ONE OR BOTH**

SUBSTITUTES WILL NOT BE PROVIDED

Reservations made prior to
2/3/20 are to be paid by
2/10/20 otherwise may be
cancelled



Tournament opens
MARCH 28, 2020
Tournament closes MAY 3, 2020
UNLESS SCHEDULE IS FILLED
SOONER

**NO BOWLING ON THE
FOLLOWING DATES:
APRIL 11TH, 12TH EASTER**

**NORTH SECTIONAL
PARKSIDE LANES
34W185 MONTGOMERY RD
AURORA, IL 60004**

**SOUTH SECTIONAL
LANDMARK LANES
3225 DRIES LANE
PEORIA, IL 61604**

FOR INFORMATION ONLY: SQUAD TIMES ARE THE SAME FOR BOTH SECITONS

SATURDAY: 9:00 a.m. 12:30 P.M. 5:00 P.M.

SUNDAY: 8:00 A.M. 11:30 P.M. 4:00 P.M.

MAIL ENTRY FORMS AND COMPLETE FEES (Make checks payable to Illinois State USBC):

SOUTH SECTIONAL

Kathleen Hermacinski, Tournament Mgr
2805 W Larchmont Ln., #A32 Peoria, IL 61615
Email: ILBowlingOpen@gmail.com
Phone: 309-417-0093

NORTH SECTIONAL

Bob Kamin, Tournament Mgr
10602 Arabian Trail, Woodstock, IL 60098
Email: NIL.USBC.Tournament@gmail.com
Phone: 815-575-8005

Contact Person and/or Captain: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Local: _____

(prize checks will be mailed to the above contact address)

TEAM NAME: _____

CROSS WITH: _____

List 3 different dates/times you prefer:	
Team	Doubles/singles
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

Give names as printed on USBC membership card (print legibly) Lineup will not be changed-Substitute must take the place of the

USBC CARD #	TEAM LINE UP Last Name, First Name	Address	City, State Zip	Final Avg 18-19	All Events Handicap	All Events Scratch	Team Scratch
1234-0001	Bowler, Joe	123 East St	Bowling City, IL 12345	175	√	√	√
	1						
	2						
	3						
	4						
	5						

To enter the 5-member Team Scratch Cash Event, all team members must enter.

Doubles and Singles entries: Bowlers entering doubles must enter singles, and vice versa. List doubles only on one form. To enter doubles scratch cash event both partners must enter.

USBC Card #	Doubles/Singles Last Name, First Name	Final Avg 18-19	Scratch Doubles √	Scratch Singles √
	1			
	2			
	1			
	2			
	1			
	2			

original entrant.

OFFICE USE ONLY			
Team Scheduled		Doubles/Singles Scheduled	
Date	Time	Date	Time
Squad		Squad	

CALCULATING FEES FOR ILLINOIS USBC OPEN TOURNAMENT

HANDICAPPED ENTRY FEE BREAKDOWN

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

\$15.00 Expense Fee

\$10.00.....Prize Money

\$25.00.....Total Per Person Per Event

HANDICAPPED ALL EVENTS (OPTIONAL) \$5.00

SCRATCH ENTRY FEE BREAKDOWN

Entry Fee for Each Event \$5.00

\$5.00Prize Money

\$5.00.....Total per Person

SCRATCH ALL EVENTS (OPTIONAL)...\$5.00 PER PERSON ADD'L.

TOTAL AMOUNTS MUST ACCOMPANY ENTRY FORM

Team - _____@ \$125 per team	\$
Doubles— _____@ \$50 per pair	\$
Singles— _____@ \$25 each	\$
All Events Hdcp- _____@ \$5.00 each	\$
Optional Scratch Prize Fund: Team/Scratch - _____@ \$5 each	\$
Doubles/Scratch— _____@ \$5 each	\$
Singles/Scratch— _____@ \$5 each	\$
All Events/Scratch— _____@ \$5 each	\$
Squad sponsor— _____@ Teams <small>Receive \$25.00 for every six(6) five person teams you enter. Squad sponsor check will be paid at Tournament Site.</small>	\$
TOTAL ENCLOSED	\$

Must be signed or will be returned prior to processing. A fee of \$25.00 will be charged for returned checks. To the Association Manager of the Illinois State USBC, we by our captain and agent, hereby make application to participate in the Illinois State USBC Open 2020 Tournament events listed and tender the entry fees required therefore. We warrant that we are Illinois State USBC members in good standings. We agree to abide by all tournament and playing rules and regulations prescribed by the Illinois State USBC, including all provisions set forth on this form. We specifically agree for ourselves and any replacements chosen by us or for us that if we are not eligible for participation in the Illinois State USBC Open Tournament then our prize bowling and expense fees shall be forfeited and all sums tendered by us as prize, bowling and expense fees may be retained by the Illinois State USBC as liquidated damages. The entrants whose names appear hereon or their authorized replacements hereby agree that the Illinois State USBC, its officers and agents shall be liable only to the extent of returning entry fees less expenses if and when these entrants shall be prevented from bowling any event in the tournament through delay, unexpected yet necessary schedule change or premature termination of the tournament, which may be brought about by war, national emergency or emergencies or causes relating thereto or resulting therefrom, fires, strikes, lock outs, labor difficulties or other causes beyond the control of the Illinois State USBC.

TEAM CAPTAIN: Scores will be disqualified for submission of incorrect average I hereby certify that all information given on this entry form, including average is correct.

Signature: _____

OFFICE USE ONLY

ENTRY FEE RECAP									
HANDICAP EVENTS					OPTIONAL SCRATCH PRIZE FUND				
TEAM	DOUBLES	SINGLES	SPONSORS	ALL EVENTS	TEAM	DOUBLES	SINGLES	SPONSORS	ALL EVENTS

TOTAL FEES DUE (Received) _____

2021 ILLINOIS STATE USBC - 124th ANNUAL OPEN TOURNAMENT

**NORTH SECTIONAL
ROCKFORD, IL**

**SOUTH SECTIONAL
CHAMPAIGN, IL**