

LINEUP	DOUBLES	TEAM NAME:	AVERAGES
(Circle Team Position)	A1	Certification # _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	09-10
		Name: _____ Phone: _____	Sum 09
		Address: _____	08-09
1	BOWLS	City: _____ St/Prov: _____ Zip: _____	Tourn Ave: _____
2	DOUBLES	Email: _____ Birthday: Month ___ Day: ___	(Rule 319d) \$600+
3	WITH	Optional Scratch: _____ Scratch Masters: _____	Tourn: _____
4	A2	League Secretary: _____ Phone: _____	Event: _____
		Non-Participant Name: _____	Scr Score: _____
(Circle Team Position)	A2	Certification # _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	09-10
		Name: _____ Phone: _____	Sum 08
		Address: _____	08-09
1	BOWLS	City: _____ St/Prov: _____ Zip: _____	Tourn Ave: _____
2	DOUBLES	Email: _____ Birthday: Month ___ Day: ___	(Rule 319d) \$600+
3	WITH	Optional Scratch: _____ Scratch Masters: _____	Tourn: _____
4	A1	League Secretary: _____ Phone: _____	Event: _____
		Non-Participant Name: _____	Scr Score: _____
(Circle Team Position)	B1	Certification # _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	09-10
		Name: _____ Phone: _____	Sum 09
		Address: _____	08-09
1	BOWLS	City: _____ St/Prov: _____ Zip: _____	Tourn Ave: _____
2	DOUBLES	Email: _____ Birthday: Month ___ Day: ___	(Rule 319d) \$600+
3	WITH	Optional Scratch: _____ Scratch Masters: _____	Tourn: _____
4	B2	League Secretary: _____ Phone: _____	Event: _____
		Non-Participant Name: _____	Scr Score: _____
(Circle Team Position)	B2	Certification # _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	09-10
		Name: _____ Phone: _____	Sum 09
		Address: _____	08-09
1	BOWLS	City: _____ St/Prov: _____ Zip: _____	Tourn Ave: _____
2	DOUBLES	Email: _____ Birthday: Month ___ Day: ___	(Rule 319d) \$600+
3	WITH	Optional Scratch: _____ Scratch Masters: _____	Tourn: _____
4	B1	League Secretary: _____ Phone: _____	Event: _____
		Non-Participant Name: _____	Scr Score: _____

S/D	Sat at 10:00am	<input type="checkbox"/>
Team	Sun at 9:30 am	<input type="checkbox"/>

Team Captain:	_____
Capt. Email:	_____
Early Bird:	\$70 x _____ = \$ _____
Entry Fee:	\$80 x _____ = \$ _____
Late Fee:	\$10 x _____ = \$ _____
Optional Scratch:	\$25 x _____ = \$ _____
Scratch Masters:	\$25 x _____ = \$ _____
(Div: C,D,E)	\$30 x _____ = \$ _____
Non-Participant:	\$30 x _____ = \$ _____
TOTAL:	= \$ _____

Payment by Cashier's Check, Money Order,
Payable and Mail to:
HOUSTON INVITATIONAL
P.O. BOX 3711
HOUSTON, TX 77253-3711

Personal Checks will also be accepted
if postmarked by May 15, 2010

For Tournament Committee use only:
Postmark: _____
Method of Payment: _____
Entry #: _____