

Opening ceremonies on April 14 at 11:00 AM

Saturday; April 14, 21, 28 2018: May 5, 2018  
 Sunday; April 15, 22, 29 2018: May; 6, 2018  
 Saturday Squads: 12:00 PM, 4:00 PM, 7:00 PM  
 Sunday Squads : 9:00 AM, 12:00 PM

Date Preferred for Team Event:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date Preferred for Doubles & Singles Event

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Team Name: \_\_\_\_\_

Post #: \_\_\_\_\_

City: \_\_\_\_\_

69<sup>th</sup> ANNUAL NYS DEPT. APPROVED  
 AMERICAN LEGION HANDICAP  
 BOWLING TOURNAMENT



Hosted by: America Legion Post #229

409 Herkimer Road , Utica, NY 13502

Phone: (315) 793 - 9377

&

VISTA LANES & LOUNGE

550 Oriskany Boulevard

Yorkville, NY 13495

(315) 736-6666

Prize	Team	Doubles	Singles	Combo
Prize Fee	22.00	11.00	5.50	2.00
Bowling Fee	36.00	18.00	9.00	
Tour. Exp.	6.00	3.00	1.50	
* Assn. Dues	2.00			
	\$ 66.00	\$ 32.00	\$ 16.00	\$ 2.00

Last day for entry: April 1, 2018  
 HANDICAP: 100% OF 210

**DO NOT WRITE IN THIS SPACE**

AMOUNT PAID \$ \_\_\_\_\_ ENTRY # \_\_\_\_\_

COUNTY \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

4 Person Team \$ 66.00 per Team List in Bowling Order Last Name	First Name	M	2016	Jan. 1,	2 Person Doubles \$32.00	Avg	6 Game	USBC
		F	2017	2018	Individual Singles \$ 16.00		Combo	
			Avg	Avg			\$2.00	NUMBER
1.					1.		Y N	
2.					2.		Y N	
3.					1.		Y N	
4.					2.		Y N	
					1.		Y N	
					2.		Y N	

Total Team \$ \_\_\_\_\_ Doubles \$ \_\_\_\_\_ Singles \$ \_\_\_\_\_ Six Game Combo \$ \_\_\_\_\_ Grand Total \$ \_\_\_\_\_

ALL ENTRANTS Must be a paid up 2018 member of the American Legion, American Legion Auxiliary, Sons of the American Legion, of the Department of New York. The undersigned certifies that the players whose names are on this entry form are bona fide members of:

Name of organization \_\_\_\_\_

Team Number \_\_\_\_\_

Or Name of Team \_\_\_\_\_

The undersigned certifies that the averages are the highest League averages for over 21 games or more in one league as of 2016-2017 season and agrees that all rights to prize money **WILL BE FORFEITED** if found otherwise. See tournament rules 4 & 22. In my capacity as Team Captain and on behalf of its members, I hereby enter the above named team members and agree to abide by all tournament rules and regulations.

Captain's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**  
 AMERICAN LEGION POST # 229  
 NYS TOURNAMENT

**MAIL COMPLETED ENTRIES TO:**

**THOMAS O'TOOLE**  
 AMERICAN LEGION POST 229  
 409 HERKIMER ROAD  
 UTICA, NY 13502