STORM SHOOTOUT

Entry Form

E-Mail completed form to mblair@wildisland.com

DATE: _____

TIME: _____

AVG: _____

ADMIN USE ONLY:

NAME: _____ USBC #: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

SINGLES (SELECT 1)

◯ OPEN SCRATCH ◯ HANDICAP 180 & UNDER ◯ SENIOR SCRATCH 50+ ◉ SUPER SENIOR SCRATCH 60+

JACKPOTS: $10 EACH

☐ CLEAN 30 ☐ OPEN SCRATCH HIGH GAME ☐ SR SCRATCH HIGH GAME ☐ HANDICAP 180U HIGH GAME

BRACKETS: $5 EACH (TOURNAMENT) USE # FOR EACH NOT $$$

SCRATCH FORWARD: _____ SCRATCH REVERSE: _____

SR SCRATCH FORWARD: _____ SR. SCRATCH REVERSE: _____

HANDICAP FORWARD: _____ HANDICAP REVERSE: _____

DOUBLES (ONE PERSON FILLS OUT) $100 EACH

SELECT ONE

NAME: _____ USBC # _____ ◉ SCR ◯ HDCP

NAME: _____ USBC # _____ ◉ SCR ◯ HDCP

NAME: _____ USBC # _____ ◉ SCR ◯ HDCP

NAME: _____ USBC # _____ ◉ SCR ◯ HDCP

ADMIN USE:

SINGLES: JACKPOTS: BRACKETS: DOUBLES: TOTAL: