

2018 Youth Championships



ADVANCED ENTRY RESERVATION – 13th ANNUAL

Hosted by: Southern LA County USBC

Open to all YOUTH members of the California USBC Association.

KEYSTONE LANES, NORWALK

TEAM, DOUBLES & SINGLES & ALL-EVENTS • YOUTH EVENT

SQUAD TIMES:

Team Event

Sat: 3:30pm • Sun: 8:30am

Doubles/Singles

Sat: 8:30am & 12pm

Sun: 12pm & 3:30pm

ENTRY FEES:

\$25 per person per event

\$5 Optional All-events

Online registration also available at

www.CalUSBC.com

SQUAD DATES:

July 21-22, 2018

July 28-29, 2018

Form and payment must be **postmarked** by
January 31, 2018

**Queens & Masters
Prince & Princess
Coaches Relief**

*Held Saturday nights at 7pm.
Scholarships awarded in each event.*

*QM: Scratch
PP: 159 Avg & Below; Hdcp
Coaches: No-tap Hdcp*

GROUPS OR TEAMS WITHIN 75 MILES OF THE HOST CITY ARE CONSIDERED LOCAL and may not be able to get preferred squad times.

DATES WILL BE RESERVED IN THE ORDER RECEIVED

**OFFICIAL
ENTRIES CLOSE:
JULY 29, 2018**
or when squads are filled

	TEAM DATE	TEAM TIME	D/S DATE	D/S TIME	ROSTERS & BALANCE DUE: <u>JUNE 7, 2018</u>
1 st Choice					
2 nd Choice					
3 rd Choice					
Number of teams reserved: _____ @ \$100 = \$_____	Number of Doubles Sets reserved: _____ <i>If you do not designate the number of doubles, no allocation will be made.</i>				MAKE CHECKS PAYABLE TO: <u>CUSBC</u>

Squads will be scheduled with NO MORE THAN ONE (1) SET OF DOUBLES/SINGLES on a lane. Teams consist of four (4) members. Both Doubles & Singles must be entered. If you have more doubles sets than lanes available, remaining doubles will be scheduled on subsequent or previous squad, if available.

DEPOSIT: A deposit of \$100 per team must accompany this form. The deposit will reserve the dates and times requested for that number of teams only. Groups will only be scheduled together when submitted together. An official entry form will be mailed along with a pre-confirmation letter. **All team spots without official paid entries submitted by June 7, 2018 will be relinquished.** I have read and agree to abide by the above instructions.

Coach's Name _____ Bowling Center _____

Address _____ City _____ Zip _____ Phone (_____) _____

Address is: Bowl Coach's Home E-mail _____

Local Association _____ Bowl's Phone # (_____) _____

MAIL FORM & PAYMENT TO: CA Youth Championships, 1847 W. 179th St, Torrance, CA 90504
 Questions? Call (562) 449-4527 or e-mail YouthChampionships@calusbc.com

OFFICE ONLY:	DATE REC'D	PAID \$	ENTRY #	TEAM DATES	D/S DATES
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Do Not Use This Form After January 31, 2018