

19th ANNUAL SCOTCH DOUBLES
SCHOLARSHIP TOURNAMENT
ENTRY FORM

BOWLER # 1

Name _____

USBC#: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER: _____

AVERAGE: _____

BOWLER # 2

NAME _____

USBC#: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER: _____

AVERAGE: _____



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CENTRAL – OHIO USBC

