

# 2022 Wisconsin Adult – Youth Scholarship Tournament

Village Bowl, 18330 Main St., Menomonee Falls, WI 262-255-1580

## Entry & Average Verification Form



Any team advancing to the State Finals Tournament must complete and submit this form to the BCAW office no later than April 5, 2022. Late entries and entries without payment will not be accepted. There is no family relationship requirement to participate. **Please print legibly** - unreadable forms may delay processing.

✓ Check Division	Date & Squad Preference	Squad Time	✓1 <sup>st</sup> Choice?	✓2 <sup>nd</sup> Choice?
U10 (Birthdate = 8/1/11 – Present)	Saturday, April 23, 2022	12:00 p.m.		
U14 (Birthdate = 8/1/07 – 7/31/11)	Sunday, April 24, 2022	12:00 p.m.		
U18 (Birthdate = 8/1/03 – 7/31/07)	Saturday, April 30, 2022	12:00 p.m.		
	Sunday, May 1, 2022	12:00 p.m.		

⇒ Youth Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of 7/31/21: \_\_\_\_\_ Email: \_\_\_\_\_

USBC ID # (must be a member): \_\_\_\_\_ Home Bowling Center: \_\_\_\_\_

The highest verifiable 2021 - 22 average of 12 or more games as of 3/1/22:

The highest verifiable 2020 - 21 average:

⇒ Adult Name: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of 7/31/21: \_\_\_\_\_ Email: \_\_\_\_\_

USBC ID # (if applicable): \_\_\_\_\_ Home Bowling Center: \_\_\_\_\_

The highest verifiable 2021 - 22 average of 12 or more games as of 3/1/22:

The highest verifiable 2020 - 21 average:

Highest sports/challenge average:  2020 - 21  2021 - 22

Has this bowler ever been rerated, refused a rerate or been disqualified in a tournament?  Yes  No

⇒ Qualifying Center: \_\_\_\_\_ BCAW Member?  Yes (\$60 fee)  No (\$70 fee)

Proprietor's Name: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

Advancement Ratio Used (i.e., 1:4, etc.): \_\_\_\_\_ Email: \_\_\_\_\_

*Proprietor, League Secretary or Coach's signature verifying the information above is accurate and true:*

Signature

Print Name

Position

Make your check payable and mail to Bowling Centers Association of Wisconsin (BCAW), 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072. There are no refunds or credits if the team does not show as scheduled. A \$50 service fee will be charged for any returned checks. If you have any questions, please call Roger Dalkin at 262-783-4292, ext. 102 or email [roger.dalkin@bowlwi.com](mailto:roger.dalkin@bowlwi.com).

**Note that all bowlers' highest verifiable average reported will be used at the State Finals Tournament. Bowlers without a verifiable average will bowl scratch. Sport/Challenge League averages for adults will be adjusted to standard averages per the USBC average adjustment chart found on bowl.com. Averages are subject to verification by BCAW prior to finalizing results.**