



FIRST QUALIFIER – LEAGUE REPORT FORM

Use one per league-Reproduce as necessary

Submitters Name _____

Submitters Telephone# _____

Submitters Address _____

Submitters E-Mail Address _____

Bowling Center _____

League Name _____

AGE AS OF 8/1/23	DIVISION	NUMBER OR LEAGUE PARTICIPANTS	ADVANCEMENT RATIO	NUMBER OF ADVANCERS TO NEXT LEVEL	FEE	TOTAL FEE DUE PER DIVISION
Under 8	BOYS		1 out of 3		21.00	
Under 10	BOYS		1 out of 3		21.00	
Under 12	BOYS		1 out of 3		31.00	
Under 15	BOYS		1 out of 3		43.00	
Under 17	BOYS		1 out of 3		43.00	
Under 8	GIRLS		1 out of 3		21.00	
Under 10	GIRLS		1 out of 3		21.00	
Under 12	GIRLS		1 out of 3		31.00	
Under 15	GIRLS		1 out of 3		43.00	
Under 17	GIRLS		1 out of 3		43.00	

COPY AND STAPLE TO LEAGUE WORKSHEETS

SEND TO: DAVE MALARO 568 STRONG STREET EAST HAVEN CT 06512

203-494-1024

SUBMIT BY: JANUARY 10, 2024