

League Worksheet



Per division per league - reproduce as necessary

Division : _____

Submitted by: _____

Bowling center: _____

Submitter's address: _____

League name: _____

Window dates: _____

Telephone number: _____

ATHLETE'S NAME	DOB MM/DD/YY	INITIALS ACCEPT DIVISION	WEEK	SCRATCH SERIES	QUALIFIED	
					RANK	ACCEPT
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			
			1st wk			
			2nd wk			

*** All USBC Youth members are eligible (i.e. mentally challenged bowlers over the age of 18 are eligible for all levels of competition)**

SUMMARY - (per division per league - see state/zone rules for ratio and fee)

*** See specific state/zone rules for exact ratios and fees ***

Division	# of Entrants	Ratio	Advancers	Total Submitted