

*NEW YORK POLICE / FIRE / MILITARY BOWLING EVENT
ENTRY FORM*

PLEASE TYPE OR LEGIBLY PRINT ALL ITEMS BELOW AND INCLUDE THIS FORM WITH CHECK OR MONEY ORDER TO PFM BOWLING AND MAIL TO:
PFM BOWLING **P.O. BOX 715**, SELDEN, NEW YORK, 11784.

ALL PARTICIPANTS MUST FILL OUT ENTRY FORM

NAME _____, _____ DATE OF BIRTH ____/ ____/ ____

HOME ADDRESS _____, _____, _____, _____

E-MAIL ADDRESS _____ MALE / FEMALE CIRCLE ONE

CONTACT PHONE # ____ - ____ - ____ CELL OR HOME _____

AGENCY / DEPARTMENT _____

	TEAM LINEUP	NAMES	USBC #	5/31/24 AVERAGE	5/31/25 AVERAGE
1					
2					
3					
4		CAPTAIN			

TEAM NAME _____

	DOUBLES LINEUP	NAMES	USBC #	5/31/24 AVERAGE	5/31/25 AVERAGE

	SINGLES	NAME	USBC #	5/31/24 AVERAGE	5/31/25 AVERAGE

EVENT NAME AMT CIRCLE YES IF PARTICIPATING

TEAM \$40	YES / NO		
DOUBLES \$40	YES / NO		
SINGLES \$40	YES / NO		
REGISTRATION FEE \$30			\$30
LATE FEE IF SUBMITTED AFTER JUNE 5TH OR WALK-INS: \$25			
			TOTAL