

PAY ENTRY FEES WITH A

CREDIT CARD



Green Mountain Open Rutland Bowlerama

158 South Main Street
Rutland, Vermont 05701
Phone (802) 773-7707 ~ Fax (802) 775-1115

IF PHONE RESERVATION # _____ Check

DO NOT WRITE IN THIS SPACE

ENTRY # _____

DATE REC'D _____

DATE CONFIRMED _____

AMOUNT REC'D _____

IMPORTANT: Please fill in all the spaces properly including full addresses of all bowlers.
Team Entry ~ **Mixed 4 Bowlers** – BA/WBA 5 bowlers (See Rule # 8)

Team Name: _____

Check Correct Division:

BA

WBA

MIXED

PRINT FULL NAME IN BOWLING ORDER	STREET, ADDRESS, CITY AND STATE (OF ALL BOWLERS)	ZIP CODE	USBC #	18-19 OR 12/1/19 AVG
1.				
2.				
3.				
4.				
5.				

Captain's Signature: _____ E-Mail Address: _____ Phone () _____ - _____

1st Choice Date: _____ Time: _____ 2nd Choice Date: _____ Time: _____

DOUBLES AND SINGLES ENTRIES

CHECK
EVENTS
DESIRED

PRINT FULL NAME IN BOWLING ORDER	STREET, ADDRESS, CITY AND STATE (OF ALL BOWLERS)	ZIP CODE	USBC #	18-19 12/1/19 AVG	D	S	A
1.							
2.							
1.							
2.							
1.							
2.							

SINGLES

1st Choice Date: _____ Time: _____ 2nd Choice Date: _____ Time: _____

DOUBLES

1st Choice Date: _____ Time: _____ 2nd Choice Date: _____ Time: _____

SCHEDULE OF EVENTS

DAYS, TIMES AND EVENT

Friday	5:30 pm	Teams or Doubles or Singles
	7:00 pm	Doubles or Singles
Saturday	9:00 am	Teams Or Doubles or Singles
	10:20 am	Doubles or Singles
	Complete Re-Oiling - Lunch Break	
	1:00 pm	Teams or Doubles or Singles
Sunday	2:30 pm	Doubles or Singles
	4:15 pm	Doubles or Singles
	9:00 am	Teams or Doubles or Singles
	10:20 am	Doubles or Singles
	Complete Re-Oiling - Lunch Break	
	1:00 pm	Teams or Doubles or Singles
	2:20 pm	Doubles or Singles

WEEKEND DATES

IN THE YEAR 2020

FEBRUARY	14th, 15th, 16th & 21st, 22nd, 23rd & 28th 29th & Mar 1st
MARCH	6th 7th 8th & 13th, 14th 15th & 20th, 21st, 22nd & 27th, 28th, 29th
APRIL	3rd, 4th, 5th & 10th, 11th, 12th & 17th, 18th, 19th & 24th, 25th, 26th
MAY	1st, 2nd, 3rd

Method of Payment

Check

Money Order

Credit Card

Card # _____

Expr. Date _____ CID # _____ Billing Zip _____

Signature of Card Holder: _____

Re-Entries Allowed in Doubles, Singles and Teams

Choose your dates and times ~ Enter them in the correct spaces above.