



# STORM SCHOLARSHIP DOUBLES



**When:** Sunday, March 6, 2016  
**Where:** Dale's Weston Lanes  
5902 Schofield Avenue  
Schofield, WI 54476  
Phone: (715) 359-8488

**Squad times:** 8:00 AM, 11:30 AM, or 3:00 PM

**Check in:** 45 minutes before start time

**Format:** Four game Baker System  
League Style - move 2 pair lanes (4 lanes) to the right after each game  
Bowler 1 starts Games 1 & 3 bowls odd frames  
Bowler 2 Starts Games 2 & 4 bowls odd frames

**Two Divisions:** Boys Scratch (includes co-ed) and Girls Scratch

**Cost:** \$30.00 per team (\$15 per bowler) if paid before February 29, 2016  
\$40.00 per team (\$20 per bowler) if paid after February 29, 2016

## **RULES:**

- ❖ Open to any current Wisconsin High School Bowler (grades 9-12) in good standing.
- ❖ Should wear collared bowling shirt or team shirt, full length slacks/pants. Denim is acceptable but none that are baggy, torn or with holes.
- ❖ Two bowlers equal one team. Bowler one bowls odd frames in games 1 & 3, bowler two bowls odd frames in games 2 & 4. Failure to follow the format may result in disqualification with no refund.
- ❖ No verbal commitments. Reservations with full payment only.
- ❖ Entry fee will be refunded upon bowlers request if they make Sunday's finals for team or singles.
- ❖ Six (6) teams per pair of lanes.
- ❖ \$2,000 in scholarship money is guaranteed, remainder based on amount of entries.
- ❖ All awards paid out in scholarship dollars, based on a 1:10 ratio in each division.
- ❖ No altering of ball surface once practice is over.
- ❖ Bowlers may bowl multiple times, but cash only once with the same bowler.



# STORM SCHOLARSHIP DOUBLES ENTRY



**BOWLER ONE INFO:** USBC ID# \_\_\_\_\_ **Required**

NAME: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Parent/Adult Email \_\_\_\_\_

PHONE NO. \_\_\_\_\_ Must be # you can be reached at tournament.

HIGH SCHOOL \_\_\_\_\_

DISTRICT \_\_\_\_\_

**BOWLER TWO INFO:** USBC ID# \_\_\_\_\_ **Required**

NAME: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Parent/Adult Email \_\_\_\_\_

PHONE NO. \_\_\_\_\_ Must be # you can be reached at tournament.

HIGH SCHOOL \_\_\_\_\_

DISTRICT \_\_\_\_\_

**MAIL ENTRIES TO:** BCAW  
 ATT: BOB MAKI  
 21140 W. CAPITOL DRIVE, SUITE #5  
 PEWAUKEE, WI 53072  
 262-783-4292 Email: bcaw@bowlwi.com

**PLEASE MAKE CHECK PAYABLE TO: BCAW**  
**There will be a \$15 service fee for any returned checks.**

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<b>1<sup>ST</sup> CHOICE</b>	<b>2<sup>ND</sup> CHOICE</b>	<b>3<sup>RD</sup> CHOICE</b>
Time _____	Time _____	Time _____

**Teams will receive 1st choice times unless notified.**