

OHIO WOMEN'S INTER-CITY BOWLING TOURNAMENT
USBC # REQUEST FORM

To be completed in Tournament Office:

ENTRY

CODE _____ NAME _____

To be completed by bowler:

ADDRESS _____

(City) (State) (Zip Code)

The above named bowler was unable to present her current USBC membership card at the time she checked in at the Tournament Office. Please verify her membership in your association.

To be completed by ASSOCIATION MANAGER:

Current Season

USBC NUMBER _____

(Signature of Assoc. Mgr.)

(Association)

Please return this verification IMMEDIATELY to:

Elsie Spillman, Secy/Treas.
OWICBT
931 Merrick Ave
Zanesville, OH 43701-5819