

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 #	17-18 OR 12/1/18 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 #	17-18 OR 12/1/18 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
	2:30 pm	Doubles or Singles
Sunday	8:30 am	Teams or Doubles or Singles
	9:50 am	Doubles or Singles
	12:30 pm	Teams or Doubles or Singles
	1:50 pm	Doubles or Singles

***NOTE: No 9am or 10:20am Available Feb 16th & 23rd**

WEEKEND DATES

IN THE YEAR 2019

FEBRUARY	15th, 16th 17th & 22nd 23rd 24th
MARCH	1st, 2nd, 3rd & 8th, 9th, 10th & 15th, 16th, 17th & 22nd, 23rd, 24th & 29th, 30th, 31st
APRIL	5th, 6th, 7th & 12th, 13th, 14th & 19th, 20th, 21st & 26th, 27th, 28th
MAY	3rd, 4th, 5th

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.