

St Paul USBC Association Tournament AVERAGE VERIFICATION FORM

This is to verify that _____ ENTRY # _____
(Bowler Name)

average as of _____ was _____ for _____ in the
(Date) (Average) (Games)

_____ bowling at _____
(League Name) (Establishment)

(Secretary Name) (PRINT Secretary Name) (Date)

(Address) (E-Mail)

(City) (State) (Zip) (Phone)

**Present this form with when you bowl OR Return Completed form within 10 days to:
St Paul USBC Association
61 W Little Canada Rd, Suite 300
St Paul, MN 55117
(651) 415-2828**

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