

# 84th Annual Knights of Columbus 2009 International Bowling Association Handicap/Scratch Tournament

<i>CENTRAL DIVISION</i>	<i>EASTERN DIVISION</i>
<b>PEORIA, IL</b>	<b>SYRACUSE, NY</b>
Saturday March 28, April 4, 18, 25 Sunday March 29, April 5, 19, 26	Friday, March 27, April 3, 17, 24 Saturday, March 28, April 4, 18, 25 Sunday, March 29, April 5, 19, 26
Team, Doubles & Singles Events	Team, Doubles & Singles Events
<b>LANDMARK RECREATION CENTER</b>	<b>AMF Strike and Spare Lanes</b>
3225 N. Dries Lane Peoria, IL 61604 (309) 685-7000	1777 Brewton Road Syracuse, NY 13211 (315) 454-4428
Mail To: Paul Ruth Assistant Secretary 5540 Hill Rise Drive Indianapolis, IN 46237 Phone: (317) 784-2592 E-Mail: pruth60@sbcglobal.net	Mail to: John Enser Assistant Secretary 71 Kirkwood Drive Elma, NY 14059 Phone: (716) 652-9097 E-Mail: jolou83@verizon.net

## ENTRIES CLOSE – MIDNIGHT FEBRUARY 16, 2009

MORAL SUPPORT OF USBC CONGRESS provides high score protection for those who have established membership in the Congress prior to participation and allows for participation of those not affiliated with the Congress without payment of any dues. Unaffiliated teams and individuals wishing to secure high score protection may do so by paying \$19.00 per player with entry.

### ENTRY

Team \$100; D & S: \$20 per event:

	Central	Eastern
Bowling:	\$7.50	\$8.25
Prize Fee:	\$6.00	\$6.00
Tournament Expense:	\$4.00	\$3.25
Association Expense:	\$2.50	\$2.50

All Events: \$2.00

Prizes Returned: 100%.

Minimum number of prizes awarded:

Team, Doubles, Singles: 1 for each 10 entries.

All Events: 1 for each 20 at least to be awarded.

**K of C MEMBERS**

Council \_\_\_\_\_ # \_\_\_\_\_  
(Financial Secretary Seal)

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City \_\_\_\_\_ State \_\_\_\_\_

### DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

TEAM NO. \_\_\_\_\_ WEEK \_\_\_\_\_

LEADER NO. \_\_\_\_\_ SESSION:  
TEAM \_\_\_\_\_ S/D \_\_\_\_\_

COUNCIL NO. \_\_\_\_\_ LANE:  
TEAM \_\_\_\_\_ S/D \_\_\_\_\_

# 84th Annual Knights of Columbus International Bowling Association Invitational Handicap/Scratch Tournament

2009

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**TEAM ENTRY**

Entry Fee: \$100.00 (No Partial Entries)

**TEAM NAME:** \_\_\_\_\_ **City & State:** \_\_\_\_\_

**Central:** Landmark Recreation Center, Peoria, IL – SATURDAY ONLY @ 1:00 pm

**Eastern:** AMF Strike and Spare Lanes, Syracuse, NY – FRIDAY @ 6:00 pm or SATURDAY @ 10:00 am or 2:00 pm or Sunday @ 9:00 am or 12:30 pm

**1<sup>st</sup> Choice:** \_\_\_\_\_ **2<sup>nd</sup> Choice:** \_\_\_\_\_

**LIST NAMES IN ORDER YOU WISH THEM TO APPEAR ON OFFICIAL SCORE SHEET.  
IF NO CURRENT AVERAGE, READ RULES ON BACK.**

<b>BOWLER LINE-UP:</b>	<b>AVERAGE '07-'08</b>
<b>1</b> _____ K of C Membership Number/K of C Relationship: _____ GUEST: <input type="checkbox"/> _____ / _____ / _____	_____ _____
<b>2</b> _____ K of C Membership Number/K of C Relationship: _____ GUEST: <input type="checkbox"/> _____ / _____ / _____	_____ _____
<b>3</b> _____ K of C Membership Number/K of C Relationship: _____ GUEST: <input type="checkbox"/> _____ / _____ / _____	_____ _____
<b>4</b> _____ K of C Membership Number/K of C Relationship: _____ GUEST: <input type="checkbox"/> _____ / _____ / _____	_____ _____
<b>5</b> _____ K of C Membership Number/K of C Relationship: _____ GUEST: <input type="checkbox"/> _____ / _____ / _____	_____ _____

<b>Team Captain</b> _____	<b>Leader</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>Telephone</b> ( ) _____	<b>Telephone</b> ( ) _____

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TEAM NO. \_\_\_\_\_ WEEK \_\_\_\_\_

LEADER NO. \_\_\_\_\_ SESSION: TEAM \_\_\_\_\_ S/D \_\_\_\_\_

COUNCIL NO. \_\_\_\_\_ LANE: TEAM \_\_\_\_\_ S/D \_\_\_\_\_

**84th Annual Knights of Columbus  
International Bowling Association  
Invitational Handicap/Scratch  
Tournament**

**2009**

**SINGLES & DOUBLES ENTRY**

**CENTRAL:**

Landmark Recreation Center, Peoria, IL. – SUNDAY ONLY @ 9:00 am or 1:00 pm

**EASTERN:**

AMF Strike and Spare Lanes – SATURDAY @ 10:00 am or 2:00 pm or SUNDAY @ 9:00 am or 12:30 pm

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

**ENTRY FEES**

**\$40.00 FOR EACH DOUBLES AND \$20.00 FOR EACH SINGLES  
\$2.00 FOR EACH INDIVIDUAL LISTED FOR ALL-EVENTS.  
(SINGLES FOLLOW DOUBLES ON SAME PAIR OF LANES.)**

**Bowler No. 1**

Please Print Name in Full	All Events	Average
1. _____ K of C Membership Number/ K of C Relationship: _____	<input type="checkbox"/>	_____ Guest: <input type="checkbox"/>
1. _____ K of C Membership Number/ K of C Relationship: _____	<input type="checkbox"/>	_____ Guest: <input type="checkbox"/>
1. _____ K of C Membership Number/ K of C Relationship: _____	<input type="checkbox"/>	_____ Guest: <input type="checkbox"/>

**Bowler No. 2**

Please Print Name in Full	All Events	Average
2. _____ K of C Membership Number/ K of C Relationship: _____	<input type="checkbox"/>	_____ Guest: <input type="checkbox"/>
2. _____ K of C Membership Number/ K of C Relationship: _____	<input type="checkbox"/>	_____ Guest: <input type="checkbox"/>
2. _____ K of C Membership Number/ K of C Relationship: _____	<input type="checkbox"/>	_____ Guest: <input type="checkbox"/>

**All remittances MUST be made with a personal check or money order made payable to the K of C International Bowling Association and mailed with the entries on or before the deadline to the Division Secretary.**

**No fees returned: Rule 314.**

**After entries have been received, and dates assigned by the Secretary are not refused by the team or individual entrant prior to the preparation of the schedule, NO fee shall be refunded.**

**Team Captain** \_\_\_\_\_

**Leader** \_\_\_\_\_

**Address** ( ) \_\_\_\_\_

**Address** ( ) \_\_\_\_\_

**Telephone** ( ) \_\_\_\_\_

**Telephone** ( ) \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

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TEAM NO. \_\_\_\_\_ WEEK \_\_\_\_\_

LEADER NO. \_\_\_\_\_ SESSION: TEAM \_\_\_\_\_ S/D \_\_\_\_\_

COUNCIL NO. \_\_\_\_\_ LANE: TEAM \_\_\_\_\_ S/D \_\_\_\_\_

