NCBC
Nor Cal Bowling Centers

YOUTH BOWLING ASSOCIATION

# YBA
# Tournament Application

A rough draft of the entry form and a complete copy of the rules must accompany this application

## Tournament Information

Tournament Name_____

Starting Date: _____ Ending Date: _____Entry Closing Date:_____

| Type | Held Previously | Check All That Apply | |
|---|---|---|---|
| Scratch_____ | Yes _____ | Team_____ | Singles_____ |
| Handicap_____ | No _____ | Doubles_____ | All Events_____ |

## Center or Centers Where Tournament Will Be Held

1._____
Bowling Center Street Address City Zip

2._____
Bowling Center Street Address City Zip

3._____
Bowling Center Street Address City Zip

4._____
Bowling Center Street Address City Zip

Tournament Director: _____

_____
Address City State Zip Phone

Mail Completed Application along with a copy of rules and entry form to:

**YBA**
**1024 Serpentine Lane, Suite 116**
**Pleasanton, CA 94566**
**Phone: 925-485-1855 Fax: 925-485-1858**

For Office Use Only:

Tourn. No _____
Approved:_____
Rules Included: _____