

# REGION 4 UAW 1st ANNUAL BOWLING TOURNAMENT

**March 9<sup>th</sup> and 10<sup>th</sup>, 2019**

*To be held at:*

**Illinois Valley Super Bowl  
USBC CERTIFIED  
4242 Mahoney Drive, Peru IL 61354  
(815) 223-5085**

**OPEN TO ALL REGION 4 MEMBERS  
(Active and Retired) and SPOUSES ONLY**

Entry No.	
<i>Please show amount accompanying entry</i>	
Team Entry Fee \$150.00	
Singles Entry Fee (\$30.00 per person)	
All Events Optional (\$2.00 per person)	
TOTAL	
Amount Received	

*Make Checks Payable to:  
Region 4 UAW Activity Fund*

### Illinois Valley Super Bowl

PREFERENCE PLEASE MARK YOUR CHOICE 1 or 2 FOR EACH WEEKEND	Date and Squad Time		
	March 9 <sup>th</sup>	Team Single	11:30 AM 3:00 PM
	March 10 <sup>th</sup>	Team Single	9:00 AM 12:30 PM

### ENTRY FEE

**\$30.00**

**PER PERSON PER EVENT**

*Must Accompany Entry*

1. Prize Fee .....\$10.00
2. Bowling Fee .....\$12.00
3. Tourney Expenses ...\$ 8.00

### CLOSING DATE FOR ENTRIES

**Friday, January 25, 2019**

**PRIZE FEES RETURNED 100%**

**AWARDS TO WINNERS OF EACH EVENT  
AND IN EACH DIVISION PARTICIPATION.**

**HANDICAP BASIS 90% (Difference between  
average and 220)**



Ron McInroy, Director  
Region 4 UAW

Team Name	Plant Name & Local Union No.
Team Captain	City
	Zip Code
	Phone

Print lineup of team in order they will bowl - Show Full Name (as in Yearbook)	Mixed Teams M - F	Address	City	State	Zip	Social Security Number (Req'd to Pay Winnings)	USBC #	Highest Average	Singles		All Events		A=Active R=Retired S=Spouse
									Y	N	Y	N	
1.									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Team Captains are requested to check in one hour before starting time.

The undersigned certifies that the players' names on entry blank are members in good standing of the UAW to whom competition in this tournament must be restricted.

Officer Signature \_\_\_\_\_ Title \_\_\_\_\_ Local No. \_\_\_\_\_

**ABSOLUTELY NO ENTRIES OR ALL-EVENTS ACCEPTED AFTER TOURNAMENT DEADLINE**

*Please Read Rules & Regulations On Other Side. Please use PEN • Print Legibly*

