

RESERVATION REQUEST

Please notify us if you will be unable to fulfill this reservation.

THE SOUTHWEST BOWLING ASSOCIATION TOURNAMENT

Name			Today's Date				
Address				_ Phone(F	⊃ri.)		
City		_ State	Zip	_ Phone(A	۹lt.)		
Email							
<u>TEAMS</u>			DOUBLES/SINGLES				
1st Team Event:	Mark Day & Time		Double/Single	es Event	t:	Mark Day & Time	
Date	_ □Sat □9am □1:30p	m □6pm	Date		□Sat	□9am □1:30pm	□6pm
	□Sun □8:30am □1pr	n			□Sun	□8:30am □1pm	
No. of Teams:	·		No. of D/S Set			·	
OpenWo	omenTotal		Open	Wom	ien	Total	
2nd Team Event:	Mark Day & Time		3rd Team Eve	ent:		Mark Day & Time	
	_ □Sat □9am □1:30p					□9am □1:30pm	□6pm
	□Sun □8:30am □1pr	n			□Sun	□8:30am □1pm	
No. of Teams:			No. of Teams:				
OpenWo	omenTotal		Open	Wom	ien	Total	
Comments/Special F	Requests:						

Please indicate 2nd and 3rd choice weekends on the Comments line above. • Registration times will be held until January 15th.