



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(Pri.) _____

City _____ State _____ Zip _____ Phone(Alt.) _____

Email _____

TEAMS

1st Team Event:

Mark Day & Time

Date _____ Sat 9am 1:30pm 6pm
 Sun 8:30am 1pm

No. of Teams:

Open _____ Women _____ Total _____

2nd Team Event:

Mark Day & Time

Date _____ Sat 9am 1:30pm 6pm
 Sun 8:30am 1pm

No. of Teams:

Open _____ Women _____ Total _____

Comments/Special Requests: _____

DOUBLES/SINGLES

Double/Singles Event:

Mark Day & Time

Date _____ Sat 9am 1:30pm 6pm
 Sun 8:30am 1pm

No. of D/S Sets:

Open _____ Women _____ Total _____

3rd Team Event:

Mark Day & Time

Date _____ Sat 9am 1:30pm 6pm
 Sun 8:30am 1pm

No. of Teams:

Open _____ Women _____ Total _____

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