

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$38.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$56.00



visit our website:  
www.bowlNy.com

Pre Paid  
 Re-entry/or Walk-on

*Certified By United States Bowling Congress*  
**PRE-PAID ENTRIES and RESERVATIONS CLOSE FEBRUARY 1, 2019.**  
**WALK-ONS AND RE-ENTRIES WILL BE ALLOWED IF SPACE PERMITS.\* \*(See rule 19)**  
**WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 1      BROADWAY SPORTS CENTER, 3500 BROADWAY, CHEEKTOWAGA, NY 14227      716-684-6968**

**TIMES**

Feb. 16, 2019 Sat.                      1:00PM & 3:00PM  
 Feb. 17, 2019 Sun. 12:00PM & 2:30PM & 5:00PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home** \_\_\_\_\_  
**Lanes** \_\_\_\_\_  
**Home** \_\_\_\_\_  
**Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION                      MUST PRESENT MEMBERSHIP CARD**

B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

(TOTAL)

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

*Submit completed entry form with correct fee to:*

**COACH Signature Above**

Coach \_\_\_\_\_  
 (PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**REGIONAL TOURNAMENT MANAGER:**

Bob Snyder  
 327 French Road  
 Depew, NY 14043  
 716-901-2737

**HANDICAP  
(Per Game)**

**(3 Games)**

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$30.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$48.00



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 www.bowlNy.com

- Pre Paid  
 Re-entry/or Walk-on

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**PRE-PAID ENTRIES and RESERVATIONS CLOSE FEBRUARY 1, 2019.**  
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**WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 2**      **AMF DEWEY GARDENS, 4470 DEWEY AVE., ROCHESTER, NY 14612**      **585-865-0470**

**TIMES**

March 10, 2019 Sun. 10:00 AM, 12:30 & 3:00 PM  
 March 13, 2019 Wed. 6:00 PM  
 March 17, 2019 Sun. 10:00 AM, 12:30 & 3:00 PM  
 March 20, 2019 Wed. 6:00 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	<input type="checkbox"/>
B	451-650	<input type="checkbox"/>
C	450 & Under	<input type="checkbox"/>

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home Lanes** \_\_\_\_\_  
**Home Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**      **MUST PRESENT MEMBERSHIP CARD**

B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

(TOTAL)

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_  
(PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

*Submit completed entry form with correct fee to:*

**REGIONAL TOURNAMENT MANAGER:**

Michael S. Callan  
 108 Wyndham Road  
 Rochester, NY 14612  
 (585) 975-9927  
 mcallan3@rochester.rr.com

**HANDICAP  
(Per Game)**

**(3 Games)**

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$26.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$44.00



visit our website:  
www.bowlNy.com

Pre Paid  
 Re-entry/or Walk-on

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**WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 3 VALLEY BOWLING CENTER, 13 N. CHEMUNG ST., WAVERLY, NY 14892 607-565-9946**

**TIMES**

March 9, 2019 Sat. 10:00 AM & 1:00 PM  
 March 10, 2019 Sun. 10:00 AM & 1:00 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home** \_\_\_\_\_  
**Lanes** \_\_\_\_\_  
**Home** \_\_\_\_\_  
**Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

PLEASE PRINT ALL INFORMATION					MUST PRESENT MEMBERSHIP CARD				
B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

**(TOTAL)**

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_  
(PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

Submit completed entry form with correct fee to:

**REGIONAL TOURNAMENT MANAGER:**

Patty DiChiara  
 205 Willys Street  
 Elmira, N.Y. 14904  
 (607) 425-9093  
 Pdichiar@aol.com

**HANDICAP  
(Per Game)**

**(3 Games)**

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$36.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$54.00



visit our website:  
[www.bowlny.com](http://www.bowlny.com)

Pre Paid  
 Re-entry/or Walk-on

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**PRE-PAID ENTRIES and RESERVATIONS CLOSE FEBRUARY 1, 2019.**  
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**WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 4      BOWLMOR LANES, 201 HIGHLAND AVENUE, EAST SYRACUSE, NY 13057      315-437-4767**

**TIMES**

Feb. 9, 2019 Sat.      1:30 PM  
 Feb. 10, 2019 Sun.      10:00 AM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home Lanes** \_\_\_\_\_  
**Home Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

PLEASE PRINT ALL INFORMATION					MUST PRESENT MEMBERSHIP CARD				
B/G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

**(TOTAL)**

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_  
 (PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

Submit completed entry form with correct fee to:

**REGIONAL TOURNAMENT MANAGER:**

Matthew Hardy  
 33 Tree Line Drive  
 Liverpool, NY 13090  
 315-652-2313

**HANDICAP  
(Per Game)**

**(3 Games)**

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

	SITE #1	SITE #2
BOWLING FEE:	\$32.00	\$36.00
AWARDS FEE:	7.00	7.00
EXPENSE FEE:	11.00	11.00
PER TEAM	\$49.00	\$54.00



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 Re-entry/or Walk-on

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<b>REGION 5</b>	SITE #1 PLAMOR LANES, 577 STATE ST., WATERTOWN, NY 13601 SITE #2 COMMUNITY BOWLING CENTER, 191 EAST MAIN ST., CHATEAUGAY, NY 12920	(315) 786-3356
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**TIMES**  
**PLAMOR LANES:**  
March 2, 2019 Sat. 10:00 AM, 1:00 & 4:00 PM  
March 3, 2019 Sun. 9:00 AM  
**COMMUNITY BOWLING CTR:**  
Feb. 23, 2019 Sat. 12:30 PM & 3:00 PM  
Feb. 24, 2019 Sun. 10:00 AM & 12:30 PM & 3:00 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**  
Entry Number \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Class \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Lane \_\_\_\_\_

HANDICAP - 90% to Top of Class

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
2nd \_\_\_\_\_

**Home Lanes** \_\_\_\_\_  
**Home Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

<b>PLEASE PRINT ALL INFORMATION</b>	<b>MUST PRESENT MEMBERSHIP CARD</b>
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B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_  
(PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
Make check or money order payable to:  
**New York State USBC Inc.**  
(Do Not Mail Cash)

Submit completed entry form with correct fee to:

**REGIONAL TOURNAMENT MANAGER:**

Karen Astafan  
334 N. Michigan Avenue  
Watertown, NY 13601  
(315) 408-6080  
Kastafan@hotmail.com

<b>(TOTAL)</b>
<b>HANDICAP (Per Game)</b>
<b>(3 Games)</b>

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

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	SITE #1	SITE #2
BOWLING FEE:	\$36.00	\$36.00
AWARDS FEE:	7.00	7.00
EXPENSE FEE:	11.00	11.00
PER TEAM	\$54.00	\$54.00



Pre Paid  
 Re-entry/or Walk-on

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<b>REGION 6</b>	SITE #1	BROADWAY LANES, 359 BROADWAY, FORT EDWARD, NY 12828	(518) 747-2161 OR
	SITE #2	KING PIN LANES, 7157 E. DOMINICK STREET, ROME, NY 13440	(315) 336-9999

**TIMES**

**BROADWAY:**

Feb. 23, 2019 Sat. 12:30 PM & 3:00 PM  
Feb. 24, 2019 Sun. 10:00 AM, 12:30 & 3:00 PM

**KING PIN:**

March 9, 2019 Sat. 10:00 AM & 12:30 PM  
March 10, 2019 Sun. 10:00 AM & 12:30 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	<input type="checkbox"/>
B	451-650	<input type="checkbox"/>
C	450 & Under	<input type="checkbox"/>

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Class \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Lane \_\_\_\_\_

HANDICAP - 90% to Top of Class

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
2nd \_\_\_\_\_

**Home** \_\_\_\_\_  
**Lanes** \_\_\_\_\_  
**Home** \_\_\_\_\_  
**Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**                      **MUST PRESENT MEMBERSHIP CARD**

B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

(TOTAL)

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

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**COACH Signature Above**

Coach \_\_\_\_\_  
(PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
Make check or money order payable to:  
**New York State USBC Inc.**  
(Do Not Mail Cash)

*Submit completed entry form with correct fee to:*

**REGIONAL TOURNAMENT MANAGER:**

Brian Palmer  
39 Eldridge Road  
Queensbury, NY 12804  
(518) 796-5970  
b78palmer@gmail.com

**HANDICAP  
(Per Game)**

(3 Games)

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$30.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$48.00



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 Re-entry/or Walk-on

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**REGION 7 TOWNE BOWLING ACADEMY, 1601 ALTAMONT AVE., SCHENECTADY, NY 12303 518-355-3939**

**TIMES**

Feb. 16, 2019 Sat. 2:00 PM  
 Feb. 17, 2019 Sun. 12:00 Noon & 3:00 PM  
 Feb. 23, 2019 Sat. 2:00 PM  
 Feb. 24, 2019 Sun. 12:00 Noon & 3:00 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home** \_\_\_\_\_  
**Lanes** \_\_\_\_\_  
**Home** \_\_\_\_\_  
**Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION** **MUST PRESENT MEMBERSHIP CARD**

B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

**(TOTAL)**

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

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*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_  
(PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

*Submit completed entry form with correct fee to:*

**REGIONAL TOURNAMENT MANAGER:**

Steven Fawcett  
 1321 Princetown Road  
 Schenectady, NY 12306  
 518-393-8296

**HANDICAP  
(Per Game)**

**(3 Games)**

**(SEE RULES ON REVERSE SIDE)**

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$30.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$48.00



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**WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 8 PAT TARSIO LANES, 173 SOUTH PLANK RD (RT 52), NEWBURGH, NY 12550 845-778-5151**

**TIMES**

Feb. 23, 2019 Sat. 2:00 PM  
 Feb. 24, 2019 Sun. 10:00 AM & 2:00 PM  
 March 2, 2019 Sat. 2:00 PM  
 March 3, 2019 Sun. 10:00 AM & 2:00 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home Lanes** \_\_\_\_\_  
**Home Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION** **MUST PRESENT MEMBERSHIP CARD**

B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

(TOTAL)

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_  
(PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

Submit completed entry form with correct fee to:

**REGIONAL TOURNAMENT MANAGER:**

Nancy Howell  
 11 Hewitt Place  
 Kingston, NY 12401  
 845-331-2570

**HANDICAP  
(Per Game)**

**(3 Games)**

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**



# 50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$54.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 11.00  
 PER TEAM \$72.00



visit our website:  
www.bowlNy.com

Pre Paid  
 Re-entry/or Walk-on

*Certified By United States Bowling Congress*

**PRE-PAID ENTRIES and RESERVATIONS CLOSE FEBRUARY 1, 2019.  
 WALK-ONS AND RE-ENTRIES WILL BE ALLOWED IF SPACE PERMITS.\* \*(See rule 19)  
 WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 9      RAB'S COUNTRY LANES, 1600 HYLAN BLVD, STATEN ISLAND, NY 10305      (718) 979-1600**

**TIMES**

March 9, 2019 Sat. 1:30 PM  
 March 10, 2019 Sun. 11:00 AM & 2:00 PM  
 March 16, 2019 Sat. 2:00 PM  
 March 17, 2019 Sun. 10:00 AM & 2:00 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home** \_\_\_\_\_  
**Lanes** \_\_\_\_\_  
**Home** \_\_\_\_\_  
**Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

PLEASE PRINT ALL INFORMATION					MUST PRESENT MEMBERSHIP CARD					
B G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)			
							Lg Avg	Trvl Avg	HS Avg	
	/ /				( )					
	/ /				( )					
	/ /				( )					
	/ /				( )					
<b>(TOTAL)</b>										
CAPTAIN's Name _____					Address _____		City _____		Zip _____	
CAPTAIN's Email _____										
<b>COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER</b>										
<i>I hereby certify the above ages and averages to be correct and all bowlers have the rules.</i>										
COACH Signature Above _____					<p><b>Correct Entry Fee MUST</b> accompany entry.                      Make check or money order payable to:  <b>New York State USBC Inc.</b>                      (Do Not Mail Cash)</p> <p>Submit completed entry form with correct fee to:</p> <p><b>REGIONAL TOURNAMENT MANAGER:</b>                      Angelo Corradino                      9 Tanager Road                      Brewster, NY 10509                      (914) 729-4271                      acorr300@hotmail.com</p>					
Coach _____ (PLEASE PRINT)										
Coach Email _____										
Address _____										
City _____										
Zip _____ Phone (____) _____										
<b>(3 Games)</b>										

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

**50<sup>th</sup> ANNUAL NEW YORK STATE USBC INC.  
YOUTH TEAM CHAMPIONSHIP TOURNAMENT**

BOWLING FEE: \$39.00  
 AWARDS FEE: 7.00  
 EXPENSE FEE: 15.00  
 PER TEAM \$61.00



visit our website:  
www.bowlNy.com

- Pre Paid  
 Re-entry/or Walk-on

*Certified By United States Bowling Congress*  
**PRE-PAID ENTRIES and RESERVATIONS CLOSE FEBRUARY 1, 2019.**  
**WALK-ONS AND RE-ENTRIES WILL BE ALLOWED IF SPACE PERMITS.\* \*(See rule 19)**  
**WALK-ONS AND RE-ENTRIES WILL PAY \$5.00 ADDITIONAL PER TEAM**

**REGION 10 EAST ISLIP LANES, 117 E. MAIN ST., EAST ISLIP, NY 11730 (631) 581-6200**

**TIMES**

Feb. 3, 2019 Sun. 12:30 PM & 3:30 PM  
 Feb. 9, 2019 Sat. 3:30 PM  
 Feb. 10, 2019 Sun. 12:30 PM & 3:30 PM

CLASS	TEAM AVERAGE	CHECK ONE
A	651-900	
B	451-650	
C	450 & Under	

**OFFICIAL USE ONLY**

Entry Number \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Lane \_\_\_\_\_

**PREFERRED DATE & TIME**

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

HANDICAP - 90% to Top of Class

**Home Lanes** \_\_\_\_\_  
**Home Assoc.** \_\_\_\_\_

**Team Name** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION MUST PRESENT MEMBERSHIP CARD**

B / G	D.O.B.	Age 8/1/18	NAME: (In Bowling Order)	Center	PHONE NUMBER	U.S.B.C. Youth ID #	AVERAGE (See Rule 6)		
							Lg Avg	Trvl Avg	HS Avg
	/ /				( )				
	/ /				( )				
	/ /				( )				
	/ /				( )				

**(TOTAL)**

CAPTAIN's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

CAPTAIN's Email \_\_\_\_\_

**COACH MUST SUBMIT COPY OF STANDING SHEETS TO VERIFY AVERAGES TO REGIONAL TOURNAMENT MANAGER**

*I hereby certify the above ages and averages to be correct and all bowlers have the rules.*

**COACH Signature Above**

Coach \_\_\_\_\_ (PLEASE PRINT)

Coach Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Correct Entry Fee MUST** accompany entry.  
 Make check or money order payable to:  
**New York State USBC Inc.**  
 (Do Not Mail Cash)

Submit completed entry form with correct fee to:

**REGIONAL TOURNAMENT MANAGER:**

Flo Janovsky  
 23 Grandview Lane  
 Smithtown, NY 11787  
 (631) 656-8912

**HANDICAP (Per Game)**

**(3 Games)**

(SEE RULES ON REVERSE SIDE)

**Teams Advancing to State Finals are required to pay \$40.00 advancement fee.**

# TOURNAMENT RULES

## BOWLERS MUST TURN OFF ALL ELECTRONIC DEVICES DURING TOURNAMENT

1. All bowlers certified by USBC & NYS USBC Youth Members who have not reached their 20th birthday on or before August 1, 2018 (of the current season) will be eligible unless under suspension or in violation of the USBC eligibility rules. **No on-site certifications.**
2. Tournament will be conducted on a team average basis as indicated on entry form. **TEAM AVERAGES MUST BE WITHIN ONE OF THE CLASSES.**
3. Bowlers from different age divisions may bowl as a team. Teams may be ALL BOYS, ALL GIRLS OR MIXED, IN EACH CLASS.
4. All bowlers must bowl within the Region(s) through which their membership dues are paid. Those paying dues and bowling in certified leagues in multiple associations, encompassing more than one Region, may enter in all Regions in which he/she currently holds membership. If a bowler qualifies in more than one Region, Rule #5 prevails for that bowler **only**, not the Team. In case of a tie for Class & Placement, he/she will have 5 days from date of notification to choose on which team he/she will compete.
5. A bowler or substitute may participate "unlimited". A team can re-enter "unlimited" without change in lineup. If a bowler has both teams winning; then bowler(s) stays on the higher winning team. That is Class over Placement. SCRATCH Class over Class A - Class A over Class B and B over C. Placement means higher team within a class.
6. Entrant will use their highest 2018-19 USBC certified league average (including High School Certified Averages) as of February 1, 2019 based on a minimum of 15 games or five (5) league sessions with a minimum of 10 games for entering purposes. Bowler who does not have 15 games or five (5) league sessions with a minimum of 10 games as of February 1, 2019, may use his/her highest current league average at the time of participation, based on the minimum of 15 games or five (5) league sessions with a minimum of 10 games. Certified bowlers with no certified average for the current season, may use his/her highest certified summer league from the 2018 season based on a minimum of 15 games or five (5) league sessions with a minimum of 10 games. WRITTEN verification of the bowlers entering average must be submitted at the time of participation. Certified bowlers with no acceptable average classified using the USBC age division as follows: 8 & under and 9-12 (150); 13-16 (200); 17-20 (225) and will bowl scratch. Any type of Sport shot or modified Sport shot average will be subject to Re-Rating as per USBC rules.
7. At Regional Level: "Unlimited" substituting will be allowed. He/she must have average certification WRITTEN by the coach. (Director to attach certification to entry form.) Bowlers must bowl in the order submitted on the entry form. **Coach must submit copy of Standing Sheets to verify averages to the Regional Director. Failure to submit standing sheets may result in team's disqualification.** Once a substitute has thrown his/her first ball in tournament play, they cannot be removed from the team.  
**At State Finals ONLY: No more than one (1) substitute will be allowed on any one team.** He/she must have average certification WRITTEN by the coach and keep the team in the same class in which they qualified. (Director to attach certification to entry form.) Bowlers must bowl in the order submitted on the entry form.
8. Any falsification on any entry shall result in automatic disqualification of the team with no refund of entry fee. Any violations of any of the other rules may result in disqualification.
9. Tardy bowlers must begin the event in the frame being bowled at time of arrival. No pins for frames missed. No absentee scores.
10. Four (4) team members must be present at least **one (1) hour** before scheduled time to bowl and the team captain must present the four (4) USBC membership cards for his/her team.
11. **ONLY BOWLERS AND TOURNAMENT OFFICIALS ALLOWED IN THE SETTEE AREA. NO REFRESHMENTS IN SETTEE AREA. SMOKING NOT ALLOWED AND FOUL LANGUAGE NOT PERMITTED. OFFENDERS MAY BE DISQUALIFIED. SCOREKEEPER'S PERMISSION MUST BE OBTAINED BEFORE LEAVING SETTEE AREA.**
12. USBC Rules will govern all bowling. Tournament director will enforce same. USBC eligibility rules will be strictly enforced.
13. All scoring errors must be reported to a tournament official immediately. Protest - see USBC rule 705.
14. Ties: Regional level - If a tie occurs for 2nd place (only) in handicap, or 1st place in scratch, a 3 game rolloff will be set at a time and place to be decided on by the Regional director within 7 days. Ties for other places will not be broken. Ties: Final State - Ties will not be broken - duplicate awards will be given. Scholarships (if any) will be divided between the teams involved.
15. Teams will advance in a 1:5 ratio, 1st place will always advance; in order to send the 2nd place team there must be at least 6 entries in that class, with a maximum of 2 teams for each division. Teams advancing will receive medallions and will represent their Region at the state finals. The highest scratch scoring team, regardless of class, will also advance to the state finals as a special bonus team and compete at the state finals for the scratch championship. If a team qualifies for both scratch and handicap advancement they must choose within 5 days of notification, whether to compete for the handicap or scratch titles. In either case the next highest team, (scratch or handicap) will also advance to the state finals. All award fees will be returned 100%. **Teams Advancing to State Finals are required to pay \$40.00 per team advancement fee (see Advancement Form)**
16. Champions and 4 runners-up in State Finals in the Handicap Division will receive plaques. Champions and 2 runners-up in State Finals in the Scratch Division will receive plaques. Plaques will be awarded for individual high scratch and handicap series and games based on age division. However, no bowler shall be eligible to receive more than one individual award - scratch over handicap, High Series will prevail.
17. All teams representing an organization, bowling establishment, or individual sponsor may carry the name of the sponsor on their shirts. Team names, shirts and bowling equipment may not include any reference to alcoholic beverages, drugs, tobacco products or foul language. **PROPER ATTIRE** - skirts, dresses, or full length slacks for girls, full length trousers for boys. Examples of prohibited attire include but are not limited to: hats, tank tops, halter tops, shorts, capris, short skirts, leggings, or advertisements of alcohol/tobacco/inappropriate language/gestures/gambling. Skirts/skorts must not be shorter than two inches above the knee. Bowlers will be required to change if attire is deemed inappropriate by tournament management or designee. **THIS IS A STATE CHAMPIONSHIP TOURNAMENT . . . BE PROUD OF YOUR APPEARANCE.** All participants must wear bowling shoes.
18. TRAVEL, ETC.: All expenses are the responsibility of the participant.
19. **PRE-PAID ENTRIES AND RESERVATIONS CLOSE FEBRUARY 1, 2019. WALK-ONS AND RE-ENTRIES WILL BE ALLOWED ONLY IF SPACE PERMITS. (CHECK WITH REGIONAL DIRECTOR PRIOR TO WALK-ON OR RE-ENTRY, IF THERE IS NO SPACE).** No walk-ons or re-entries will be accepted after the start of the last squad. **WALK-ONS AND RE-ENTRIES WILL PAY AN ADDITIONAL \$5.00 PER TEAM LATE ENTRY CHARGE. THE TOURNAMENT DIRECTOR RESERVES ALL RIGHTS.** Special consideration will be given to centers sending groups or buses. **A RETURNED CHECK FEE WILL INCUR AN ADDITIONAL FEE OF \$40.**
20. In the event that teams cannot bowl in Regional competition because of unforeseen circumstances such as: inclement weather, power outages, etc., the Regional director reserves all rights and will try to reschedule teams at the convenience of the director, center and teams involved. No refunds will be given. The state tournament director will be notified immediately of any postponements/rescheduling.

**NO REFUNDS OF ENTRY FEES WILL BE ALLOWED.**

Region 1: Allegany, Cattaraugus, Chautauqua, Erie, Niagara Counties  
Region 2: Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, Wyoming, Yates Counties  
Region 3: Broome, Cayuga, Chemung, Schuyler, Seneca, Steuben, Tioga, Tompkins Counties  
Region 4: Chenango, Cortland, Madison, Onondaga, Oswego Counties  
Region 5: Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence Counties

Region 6: Fulton, Hamilton, Herkimer, Montgomery, Oneida, Saratoga, Warren, Washington Counties  
Region 7: Albany, Columbia, Delaware, Otsego, Rensselaer, Schoharie Counties  
Region 8: Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster Counties  
Region 9: Bronx, Brooklyn, Kings, New York, Queens, Richmond Westchester Counties  
Region 10: Nassau, Suffolk Counties

**AMF STRIKE'N SPARE LANES**  
**1777 Brewerton Road**  
**Syracuse, NY 13211**  
**(315) 454-4428**

**STATE FINALS**  
**MAY 4, 2019**

**SQUAD TIME:**  
**9:30 A.M.**

**USBC Certified**

Results of the Regional and State Finals may be obtained by going to our Website: [www.bowlmy.com](http://www.bowlmy.com)

State Tournament Director: Tom Solimine, Sr., 60 Albemarle Road, White Plains, NY 10605 • (914) 428-2627

Solimine2000@aol.com

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15. First place winners in each class, from each of the Regional qualifiers will receive medallions and will represent their Region at the state finals. The highest scratch scoring team from the entire Regional tournament, regardless of class, will also advance to the state finals as a special bonus team and compete at the state finals for the scratch championship. If a team qualifies for both scratch and gross advancement they must choose within 5 days of notification, whether to compete for the handicap or scratch titles. In either case the next highest team, (scratch or handicap) will also advance to the state finals. Additional awards will be given based on the number of entries in each class. All award fees will be returned 100%. **Teams Advancing to State Finals are required to pay \$40.00 per team advancement fee (see Advancement Form)**
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 Region 3: Broome, Cayuga, Chemung, Schuyler, Seneca, Steuben, Tioga, Tompkins Counties  
 Region 4: Chenango, Cortland, Madison, Onondaga, Oswego Counties  
 Region 5: Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence Counties

Region 6: Fulton, Hamilton, Herkimer, Montgomery, Oneida, Saratoga, Warren, Washington Counties  
 Region 7: Albany, Columbia, Delaware, Otsego, Rensselaer, Schoenectady, Schoharie Counties  
 Region 8: Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster Counties  
 Region 9: Bronx, Brooklyn, Kings, New York, Queens, Richmond Westchester Counties  
 Region 10: Nassau, Suffolk Counties

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**Syracuse, NY 13211**  
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Solimine2000@aol.com