



56TH ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$44.00
 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$66.00



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 ONE WEEK PRIOR TO OPENING SQUAD.
 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 AMF LANCASTER LANES, 4913 TRANSIT ROAD, DEPEW, NY 14043 716-668-1000

TIMES

1/18/25 SAT 12 NOON & 2:30 PM
 1/19/25 SUN 2:30 PM & 5 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 _____

| PLEASE PRINT ALL INFORMATION | | | | MUST PRESENT MEMBERSHIP CARD | | | |
|------------------------------|--------|-----------------------------------------|---------|------------------------------|------------|-------|-----------------------|
| B / G | D.O.B. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |

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:

Beth O'Brien
 71 Clearvale Drive
 Cheektowaga, NY 14225
 716-863-4749
 eobrie02@aol.com

(SEE RULES ON REVERSE SIDE)

Teams Advancing to State Finals are required to pay \$44.00 advancement fee.

| |
|---------------------|
| (TOTAL) |
| HANDICAP (Per Game) |
| (3 Games) |



56TH ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$48.00
 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$70.00



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REGION 2 **AMF FAIRVIEW LANES, 1407 FAIRPORT ROAD, FAIRPORT, NY 14450** **585-377-5300**

TIMES

1/17/25 FRI. 7:30 PM
 1/19/25 SUN. 11:00 AM
 1/24/25 FRI. 7:30 PM
 1/31/25 FRI. 7:30 PM
 2/2/25 SUN. 11:00 AM
 2/7/25 FRI. 7:30 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 _____

HANDICAP - 90% to Top of Class

PREFERRED DATE & TIME

1st _____
 2nd _____

Home _____
Lanes _____
Home _____
Assoc. _____

Team Name _____

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|------------------------------|--------|-----------------------------------------|------------|------------------------------|---------------|-------|-----------------------------|
| B / G | D.O.B. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |

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:

New York State USBC Region 2
 1407 Fairport Road, Fairport, NY 14450
 Jamie Masclee (585) 370-1480 venturedog71@gmail.com
 William Erb (215) 630-8780 Chemguy23@gmail.com

| |
|------------------------|
| (TOTAL) |
| |
| HANDICAP (Per Game) |
| |
| (3 Games) |
| |

(SEE RULES ON REVERSE SIDE)

Teams Advancing to State Finals are required to pay \$44.00 advancement fee.



56TH ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$45.00
 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$67.00



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REGION 4 **FLAMINGO BOWL, 7239 OSWEGO ROAD, LIVERPOOL, NY 13090** **315-457-7470**

TIMES

3/15/25 SAT. 1:30 PM
 3/16/25 SUN. 10:00 AM & 2 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 _____

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|------------------------------|--------|-----------------------------------------|---------|------------------------------|------------|-------|-----------------------|
| B / G | D.O.B. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |

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:

Chelsea Pearce
 129 Festa Fairway Lane
 Baldwinsville, NY 13027
 (518) 338-7357
 chelsea.m.pearce@gmail.com

(SEE RULES ON REVERSE SIDE)

Teams Advancing to State Finals are required to pay \$44.00 advancement fee.

| |
|------------------------|
| (TOTAL) |
| |
| HANDICAP (Per Game) |
| (3 Games) |



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 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$70.00



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- Re-entry/or Walk-on

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REGION 5 **LITTLE TOWN LANES LLC, 788 STATE ROUTE 11, MOIRA, NY 12957** **518-529-6001**

TIMES

3/15/25 SAT. 10:00 AM & 1:00 PM
 3/16/25 SUN. 10:00 AM & 1:00 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 _____

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. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |

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:

Erin Hilborne
 16 Carls Place
 West Chazy, NY 12992
 (518) 420-7373
 borne2bowl@gmail.com

| |
|---------------------|
| (TOTAL) |
| HANDICAP (Per Game) |
| (3 Games) |

(SEE RULES ON REVERSE SIDE)

Teams Advancing to State Finals are required to pay \$44.00 advancement fee.



56TH ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

| | | |
|--------------|---------|---------|
| | SITE #1 | SITE #2 |
| BOWLING FEE: | \$47.40 | \$48.00 |
| AWARDS FEE: | 7.00 | 7.00 |
| EXPENSE FEE: | 15.00 | 15.00 |
| PER TEAM | \$69.40 | \$70.00 |



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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 6 | 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 LANES:

2/22/25 SAT. 12:30 PM & 3:00 PM
2/23/25 SUN. 10 AM & 12:30 PM & 3:00 PM

KING PIN LANES:

3/15/25 SAT. 10 AM & 12:30 PM
3/16/25 SUN. 10 AM & 12:30 PM

PREFERRED DATE & TIME

1st _____
2nd _____

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

HANDICAP - 90% to Top of Class

OFFICIAL USE ONLY

Entry Number _____
Date Rec'd _____
Class _____
Date/Time _____
Lane _____

Home Lanes _____
Home _____
Assoc. _____

Team Name _____

| PLEASE PRINT ALL INFORMATION | | | | MUST PRESENT MEMBERSHIP CARD | | | |
|------------------------------|--------|-----------------------------------------|---------|------------------------------|------------|-------|-----------------------|
| B / G | D.O.B. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
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| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |

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:

Erin Gamache
11 Reservoir Drive
Queensbury, NY 12804
(518) 321-8441
eringamache14@yahoo.com

(SEE RULES ON REVERSE SIDE)

| |
|---------------------|
| (TOTAL) |
| HANDICAP (Per Game) |
| (3 Games) |

Teams Advancing to State Finals are required to pay \$44.00 advancement fee.



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 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$70.00



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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

2/15/25 SAT 2:00 PM
 2/16/25 SUN 12 NOON & 3 PM
 2/22/25 SAT 2:00 PM
 2/123/25 SUN 12 NOON & 3 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. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
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| | / / | | | () | | | |
| | / / | | | () | | | |

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:

Stephen Fawcett
 1321 Princetown Road
 Schenectady, NY 12306
 518-650-5100
 sfawcett@nycap.rr.com

(TOTAL)

HANDICAP
(Per Game)

(3 Games)

(SEE RULES ON REVERSE SIDE)

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56TH ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

BOWLING FEE: \$40.00
 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$62.00



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REGION 8 PAT TARSIO LANES, 173 SOUTH PLANK ROAD (RT 52), NEWBURGH, NY 12550 845-562-5250

TIMES

2/22/25 SAT. 1:00 PM
 2/23/25 SUN. 1:00 PM & 4:00 PM
 3/1/25 SAT. 1:00 PM
 3/2/25 SUN. 1:00 PM & 4:00 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 _____

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| | / / | | | () | | | |

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CAPTAIN's Email _____

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COACH Signature Above

Coach _____
(PLEASE PRINT)

Coach Email _____

Address _____

City _____

Zip _____ Phone (____) _____

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 (Do Not Mail Cash)

Submit completed entry form with correct fee to:

REGIONAL TOURNAMENT MANAGER:

Nancy Howell
 11 Hewitt Place
 Kingston, N.Y. 12401
 (845) 616-2633 • nhowell1212@gmail.com

| |
|---------------------|
| (TOTAL) |
| HANDICAP (Per Game) |
| (3 Games) |

(SEE RULES ON REVERSE SIDE)

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56TH ANNUAL NEW YORK STATE USBC INC. YOUTH TEAM CHAMPIONSHIP TOURNAMENT

"The Ray Laursen Memorial Tournament"

BOWLING FEE: \$66.00
 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$88.00



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

TIMES

3/8/25 SAT 1 PM & 4 PM
 3/9/25 SUN 11 AM & 2 PM
 3/15/25 SAT 1 PM & 4 PM
 3/16/25 SUN 11 AM & 2 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 _____

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CAPTAIN's Email _____

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Coach Email _____

Address _____

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 (Do Not Mail Cash)

Submit completed entry form with correct fee to:

REGIONAL TOURNAMENT MANAGER:

Jose Rojas
 987 Fox Street
 Bronx, NY 10459
 917-282-9182
 j.rojas21@verizon.net

| |
|---------------------|
| (TOTAL) |
| HANDICAP (Per Game) |
| (3 Games) |

(SEE RULES ON REVERSE SIDE)

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 AWARDS FEE: 7.00
 EXPENSE FEE: 15.00
 PER TEAM \$82.00



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REGION 10 AMF CENTEREACH LANES, 40 HORSEBLOCK RD CENTEREACH, NY 11720 631-588-2118

TIMES

1/5/25 SUN. 1:00 PM & 4:00 PM
 1/11/25 SAT. 1:00 PM & 4:00 PM
 1/12/25 SUN. 1:00 PM & 4:00 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 _____

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| B / G | D.O.B. | NAME: (In Bowling Order) * = Captain | USBC ID | PHONE NUMBER | GRAD. YEAR | EMAIL | Highest AVG. (Rule 6) |
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| | / / | | | () | | | |
| | / / | | | () | | | |
| | / / | | | () | | | |

CAPTAIN's Name _____ Address _____ City _____ Zip _____

CAPTAIN's Email _____

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(PLEASE PRINT)

Coach Email _____

Address _____

City _____

Zip _____ Phone (____) _____

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 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
 binkysdad@aol.com

(TOTAL)

HANDICAP
(Per Game)

(3 Games)

(SEE RULES ON REVERSE SIDE)

Teams Advancing to State Finals are required to pay \$44.00 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 18th birthday on or before August 1, 2024 (of the current season) will be eligible unless under suspension or in violation of the USBC eligibility rules. **No on-site certifications. USBC CERTIFIED #04536**
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. A bowler may only advance to the state finals on one team.
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; he/she will have 5 days from date of notification to choose on which team he/she will compete.
6. Entrant will use their highest 2024-25 USBC certified league average (including High School Certified Averages) as of January 1, 2025 based on a minimum of 12 games or four (4) league sessions with a minimum of 10 games for entering purposes. Bowler who does not have 12 games or four (4) league sessions with a minimum of 10 games as of January 1, 2025, may use his/her highest current league average at the time of participation, based on the minimum of 12 games or four (4) league sessions with a minimum of 10 games. Certified bowlers with no certified average for the current season, may use their highest certified final book average from the 2024 season based on a minimum of 12 games or four (4) 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); 17-18 (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. Bowlers may only bowl once at the State Finals.
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. The top two teams in each class in each region will advance to the state finals. 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 \$44.00 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 - full length trousers for girls and boys.** Examples of prohibited attire include but are not limited to: hats, tank tops, halter tops, shorts, capris, skirts, leggings, or advertisements of alcohol/tobacco/inappropriate language/gestures/gambling. 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 ONE WEEK PRIOR TO OPENING SQUAD. 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, Chemung, Schuyler, Steuben, Tioga, Tompkins Counties
Region 4: Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Seneca 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, Delaware, Otsego, Rensselaer, Schenectady, Schoharie, Sullivan Counties
Region 8: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Ulster Counties
Region 9: Bronx, Brooklyn, Kings, New York, Queens, Richmond, Westchester Counties
Region 10: Nassau, Suffolk Counties

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

STATE FINALS
MAY 3, 2025

CHECK-IN TIME:
Class B & C: 8:00 AM
Class A & Scratch: 1:30 PM
USBC Certified #04536

Results of the Regional and State Finals may be obtained by going to our Website: www.bowlmy.com

State Tournament Director: Stephanie Keller, 45 Yates Street, Troy, NY 12180 • (518) 368-3256

stephaniekeller922@gmail.com

TOURNAMENT RULES

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- 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 \$44.00 per team advancement fee (see Advancement Form)**
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Region 5: Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence Counties

Region 6: Fulton, Hamilton, Herkimer, Montgomery, Oneida, Saratoga, Warren, Washington Counties

Region 7: Albany, Delaware, Otsego, Rensselaer, Schenectady, Schoharie, Sullivan Counties

Region 8: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Ulster Counties

Region 9: Bronx, Brooklyn, Kings, New York, Queens, Richmond, Westchester Counties

Region 10: Nassau, Suffolk Counties

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