



# the Dutchman 2025 Bolony Bowling Tourney

Fill out all personal information for all bowlers on the team below.

If no team, then fill in info for those bowling s/d.

Email us or check our website for availability.

Make checks payable  
and mail to:  
**Dutchman Bolony  
Bowling Tourney**  
1218 E. Main St  
Palmyra, PA 17078  
(717) 838-6345

<b>Name</b>	M <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/>	L <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	USBC #	A 23-24 _____ 10+ _____
Street	Email or Phone			V Sport _____
City	St	Zip	Social Security #	Bday (mm/dd/yy)

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### Singles & Doubles Registration

3 games each event - 6 games total

Day/Date	Time	
<b>Bowlers Name</b> <i>List in bowling order</i>	<b>Opt Singles</b> \$10	<b>Bolony Bank</b> \$10
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>

### Team Registration - 4 Games

<b>Team Name</b>	
<b>Team City, State</b>	
<b>Day/Date</b>	<b>Time</b>
<b>Bowlers Name - <i>List in bowling order</i></b>	<b>Opt Singles</b> \$10
1)	<input type="checkbox"/>
2)	<input type="checkbox"/>
3)	<input type="checkbox"/>
4)	<input type="checkbox"/>
5)	<input type="checkbox"/>

**Entry Fees**  
Everything/bowler = \$150

**Team Event**  
\$210 per team  
\$42 per bowler  
\$10 Optional singles in Team  
\$52 per bowler - \$260 team

**Team Breakdown**  
Bowling \$90.00 + Prize \$88.00  
Tourn Exp \$32 = \$210

**Singles & Doubles**  
\$78 per bowler  
\$10 Optional Singles in Doubles  
\$10 Bolony Bank (All Event D/S)  
\$98 per bowler - \$196 pair

**Singles/Doubles Breakdown** Bowling  
(3 gms) \$14 + Prize \$16  
Tourn Exp \$9.00 = \$39.00 per event

**Optional Events Breakdown**  
Prize \$9 + Expense \$1 = \$10 per event

### Team Captain or Group Leader

(All correspondence & checks will be mailed to this person)

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

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

Check one: (cell / home / work)

\*Entries not paid in full 2 weeks in advanced will be charged a \$5 per person per squad late fee.

Team	REFUND BB	Scheduled	Day/Date	Time
Opt Team		Team		
Sing/Dbles		Singles		
Opt Doubles	LOST BB	Notes:		
Bolony Bank				
Total Due				
Amount Rcvd				
Date Rcvd				

Entry #