



LEAGUE REPORT FORM

Use one per LEAGUE – reproduce as necessary



Submitter's Name: _____

Submitter's Telephone Number: _____

Submitter's Address: _____

Submitter's E-mail: _____

Bowling Center: _____

League Name: _____

DIVISION (Age as of 8/1/2003)	# of League Participants	Number Advancing to Zone Level (Ratio: 1 in 3) At least 3 per division	Entry Fee Per Division (\$11.00)	Lineage Per Division	Total Fees Per Division
Div. A – BOYS' Handicap 11 & Under			\$	\$	\$
Div. B – GIRLS' Handicap 11 & Under			\$	\$	\$
Div. C – GIRLS' Handicap 12 & Above			\$	\$	\$
Div. D – GIRLS' Scratch 12 & Above			\$	\$	\$
Div. E – BOYS' Handicap 12 & Above			\$	\$	\$
Div. F – BOYS' Scratch 12 & Above			\$	\$	\$
Total Number to Advance: _____			Total Amount Due: \$		

**COPY AND STAPLE TO LEAGUE WORKSHEETS - SEND ORIGINAL TO ZONE DIRECTOR
 SEND A COPY OF LEAGUE REPORT FORM ONLY TO STATE DIRECTOR –
 Pat Moose, 502 E. Main St., Box 176, Royal, IL 61871 or fax to: 217-583-3033**