

PAY ENTRY FEES WITH A

Green Mountain Open Rutland Bowlerama

IF PHONE RESERVATION # _____ Check

CREDIT CARD



158 South Main Street
Rutland, Vermont 05701
Phone (802) 773-7707 ~ Fax (802) 775-1115

DO NOT WRITE IN THIS SPACE

ENTRY # _____

DATE REC'D _____

DATE CONFIRMED _____

AMOUNT REC'D _____

IMPORTANT: Please fill in all the spaces properly including full addresses of all bowlers.
Team Entry ~ **Mixed 4 Bowlers** – BA/WBA 5 bowlers (See Rule # 8)

Team Name: _____ Check Correct Division: BA WBA MIXED

PRINT FULL NAME IN BOWLING ORDER	STREET, ADDRESS, CITY AND STATE (OF ALL BOWLERS)	ZIP CODE	USBC #	22-23 OR 12/1/23 AVG
1.				
2.				
3.				
4.				
5.				

Captain's Signature: _____ E-Mail Address: _____ Phone () _____ - _____

1st Choice Date: _____ Time: _____ 2nd Choice Date: _____ Time: _____

DOUBLES AND SINGLES ENTRIES

CHECK
EVENTS
DESIRED

PRINT FULL NAME IN BOWLING ORDER	STREET, ADDRESS, CITY AND STATE (OF ALL BOWLERS)	ZIP CODE	USBC #	21-22 OR 12/1/22 AVG	D	S	A
1.							
2.							
1.							
2.							
1.							
2.							

SINGLES

1st Choice Date: _____ Time: _____ 2nd Choice Date: _____ Time: _____

DOUBLES

1st Choice Date: _____ Time: _____ 2nd Choice Date: _____ Time: _____

SCHEDULE OF EVENTS

DAYS, TIMES AND EVENT

Friday 5:30 pm Teams or Doubles or Singles
7:00 pm Doubles or Singles

Saturday 9:00 am Teams Or Doubles or Singles
10:20 am Doubles or Singles
Complete Re-Oiling - Lunch Break
1:00 pm Teams or Doubles or Singles
2:30 pm Doubles or Singles
Complete Re-Oiling
4:30 pm Doubles or Singles

Sunday 9:00 am Teams or Doubles or Singles
10:20 am Doubles or Singles
Complete Re-Oiling - Lunch Break
1:00 pm Teams or Doubles or Singles
2:20 pm Doubles or Singles

WEEKEND DATES

IN THE YEAR 2023

No Bowling Easter Day March 31st

MARCH	1st, 2nd & 3rd 8th, 9th & 10th 15th, 16th & 17th 22nd, 23rd & 24th 29, & 30th
APRIL	5th, 6th & 7th 12th, 13th & 14th 19th, 20th & 21st 26th, 27th & 28th
MAY	3rd, 4th & 5th

Method of Payment + CC Processing Fee's 3.5% If CC Used

Check Money Order Credit Card

Card # _____

Expr. Date _____ CID # _____ Billing Zip _____

Signature of Card Holder: _____

Re-Entries Allowed in Doubles, Singles and Teams

Choose your dates and times ~ Enter them in the correct spaces above.