



August 30, 2018

Dear Proprietor or Coach:

Re: Advance State Youth Tournament Reservations

**New Association, Same Tournament!**

This year, the 2019 State Youth Tournament is being held at Legends Lanes and Richmond 40 Bowl in Richmond, IN. The Team Event will be at Legends Lanes, limited to 18 teams each squad. Doubles and Singles will be at Richmond 40 Bowl and limited to 36 sets of Doubles each squad. This year the tournament is being held over a period of 8 weeks.

If you have special needs individuals participating, please notify us and we will make special lane assignments.

**NO PHONE /FAX or EMAIL RESERVATIONS WILL BE TAKEN before September 1, 2018**

The advanced entries and the money must be Post Marked no later than January 12, 2019 **WITHOUT EXCEPTION.** Entries post marked after January 13, 2019 will be taken on a first come, first served basis. Any previously reserved times and entries not received by January 13, 2019 will be made available to any new entries received with the money.

**ALL ENTRIES CLOSE February 12, 2019**

When requesting your times, please remember that 36 sets of doubles and 18 teams are the maximum on each squad.

<b><u>Team Squads</u></b>	<b><u>TOURNAMENT DATES</u></b>	<b><u>Dbls./Sgls. Squads</u></b>
Sat. 9:00am - 1:00pm	Feb 23-24	Sat. 8:30am - 1:30pm
Sun. 9:00am - 1:00pm	Mar 2-3, 9-10, 16-17, 23-24, 30-31	Sun: 8:30am - 1:30pm
	Apr 6-7, 13-14	

Please complete the bottom of this letter and return the bottom portion at the Jamboree or to the tournament office at the address shown below. **You MUST provide at least two choices of dates and squads.**

**ADVANCE STATE TOURNAMENT RESERVATIONS**

**All Information Below MUST Be Filled In Completely**

# of Doubles \_\_\_\_\_

# of Teams \_\_\_\_\_

1<sup>st</sup> Choice    Date \_\_\_\_\_    Time \_\_\_\_\_

1<sup>st</sup> Choice    Date \_\_\_\_\_    Time \_\_\_\_\_

2<sup>nd</sup> Choice    Date \_\_\_\_\_    Time \_\_\_\_\_

2<sup>nd</sup> Choice    Date \_\_\_\_\_    Time \_\_\_\_\_

Bowling Center: \_\_\_\_\_ Bowling Center City: \_\_\_\_\_

Youth Director: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Cell #: **REQUIRED** \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: **REQUIRED** \_\_\_\_\_