



\$10,000

Guaranteed to the Grand Champion!

3 AVERAGE DIVISIONS Open to all USBC members
 179 & under, 180 to 199, 200 & above

\$2,500

Guaranteed 1st each Average Division



&



Tournament Director 407-618-4737

USBC Certified

6 HUGE DAYS !!

JULY 29th - August 3rd, 2008

SAM'S TOWN®



HOTEL, GAMBLING HALL & BOWLING CENTER

(LAS VEGAS)

(800) 634-6371

Tournament Schedule	
Tuesday Squads	10am, 11:30am, 1pm, 2:30pm
Wednesday Squads	10am, 11:30am, 1pm, 2:30pm
Thursday Squads	10am, 11:30am, 1pm, 2:30pm
Friday Squads	10am, 11:30am, 1pm, 2:30pm, re-oil 5pm, 6:30pm 8pm, 9:30pm
Saturday Squads	10am, 11:30am, 1pm, 2:30pm, re-oil 5pm, 6:30pm 8pm, 9:30pm

Sunday Semi Finals & Finals
 Check In Starting at 9am, Bowl at 10am

ENTRY FEES
1st Entry \$125.00
Re-Entries \$100.00

Tuesday & Wednesday Squads will cut by Day 1 out of 6 entries. Thursday thru Saturday will also cut by Day but cut will be 1 out of 8 entries. These people will make the Semi Finals and only Semi Finalist will cash, but all Semi Finalist will cash.

Mail Entries to:
 KOTA Tournament
 PO Box 1463
 Apopka, FL 32704

WE ACCEPT



Hosted by Sam's Town



- Each average division winner will receive \$2500 and then compete against the other average division winners and the wild card winner to become Grand Champion and receive an additional \$7500. The wild card will be determined by a one game playoff of the 2nd place bowlers in each average division.
- Reservations will be required to verify averages.** Reservations will be accepted for PRE-PAID bowlers only. Reservations will close Friday July 25th at 9pm est. After that it will be first come first served for the remaining spots on squads. Walk-in's will be accepted only if we can verify USBC book averages on site, pre-reservation is strongly recommended to be sure a spot will be available and that there is no problem with average. ABT members will use their Summer National average. NO CHECKS ACCEPTED AFTER JULY 11th.
- Anyone not checked in for the squad 30 minutes prior to the start of that squad will have their reservation released to standby bowlers and their entry fee applied to a later squad. **Please be on time for your squads!**
- Members wishing to bowl together must check in together. Anyone refusing to bowl on their assigned lane will forfeit their spot on that squad and have to go to the end of the line. If it happens a second time they will not be allowed to re-enter the tournament.
- Handicap will be based on (70%) of 240. An average will be at least 1 (45 game average).**
- One in six entries will cash and make the semi finals from Tuesday and Wednesday squads. One in eight entries from all other squads will make semi finals and cash. All Directors decisions are final. The only Directors allowed to override another will be the Lead Floor Director or the Tournament Director and their decisions are the final authority.
- All USBC rules and regulations will be enforced in this certified event including conduct code. **Dress code will be: (Collared shirt is preferred and no hats, shorts are ok but no athletic wear such as sweat pants or running shorts ect.)**
- There will be a \$50 fee on any returned check or returned credit card transaction. If the check is not paid within 14 days you will possibly forfeit your USBC membership.
- We are not responsible for lost mail and the bowler will not be considered prepaid unless we receive payment by the cut off date and time. Portions of the tournament may be taped or photographed to be used at a later date.

Sam's Town Hotel:800-897-8696
Ask for ABT/K.O.T.A room block
\$39.99 a night Sunday-Thursday
\$79.99 a night Friday-Saturday

ENTRY FORM

NAME: _____ Phone # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

USBC # _____ SOCIAL SECURITY # _____

CURRENT AVG. _____ 06-07 BOOK AVG. _____ 05-06 BOOK AVG. _____

04-05 BOOK AVG. _____ DATE OF BIRTH _____

(Not required for ABT members) Have you won over \$300 in any tournament in the past 12 months?

When & Where _____

Are you currently a member of any professional bowling organization? _____

ABT AVERAGE _____ HANDICAP _____ REFERRED BY _____

Consent of rules Signature _____ Date _____