

# October 15 - 20, 2013

## 2013 ABT, Sam's Town, Storm, Fall Nationals - Team Registration Form

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Player Card #: \_\_\_\_\_  
 ABT Member # \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ USBC #: \_\_\_\_\_

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Player Card #: \_\_\_\_\_  
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 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ USBC #: \_\_\_\_\_

Wed.	7/3/13	5:00 PM	7:00 PM	9:00 PM	****	****	3
Thurs.	7/4/13	10:00 AM	NOON	2:00 PM	****	*****	4
Thurs.	7/4/13	5:00 PM	7:00 PM	9:00 PM	****	*****	5
Fri.	7/5/13	10:00 AM	NOON	2:00 PM	****	*****	6
Fri.	7/5/13	5:00 PM	7:00 PM	9:00 PM	****	*****	7
Sat.	7/6/13	10:00 AM	NOON	2:00 PM	****	*****	8

### Credit Card Authorization for Entries & Membership Fees

Fill out and include as part of your registration form IF you are using a credit card to pre-pay for any entries or other fees, including membership fees

Visa      Account # \_\_\_\_\_      Exp. Date: \_\_\_\_\_      CVV Code: \_\_\_\_\_  
 Discover      Please PRINT clearly. Make sure all numbers are on this form.  
 Mastercard      Total Amount Authorized      \$ \_\_\_\_\_ (entries/membership/Ultimate pass/Premier Pack)

Print Name as Shown on the Card: \_\_\_\_\_

Please ADD \$200 for Gold Membership \_\_\_\_\_

\_\_\_\_\_ Storm Ball Choice \_\_\_\_\_

Initial      Weight of Ball \_\_\_\_\_

Authorized Signature of Card Holder

**Mail entries to the ABT @ 3951 W. 5400 S.**

**SLC, UT. 84129**

FAX # 801-840-0458 / MAIL@ABTBOWLING.COM / VEGAS TOURNAMENT HOTLINE: 702-719-9085