

July 3 - 7, 2013

2013 ABT, Sam's Town, Storm, Summer 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 #: _____
 ABT Member # _____ D.O.B. _____ SS# _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 Phone: _____ Phone: _____ USBC #: _____

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

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

Wed.	7/3/13	5:00 PM	7:00 PM	9:00 PM	****	****	1
Thurs.	7/4/13	11:00 AM	1:00 PM	3:00 PM	****	*****	2
Thurs.	7/4/13	6:00 PM	8:00 PM	9:30 PM	****	*****	3
Fri.	7/5/13	10:00 AM	11:30 AM	1:30 PM	****	*****	4
Fri.	7/5/13	5:00 PM	7:00 PM	9:00 PM	****	*****	5
Sat.	7/6/13	10:00 AM	11:30 AM	1:30 PM	****	*****	6

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 _____

Authorized Signature of Card Holder

Initial Weight of Ball _____

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