ENTRY FOR 2005 AMERICAN BOWLING CONGRESS SENIOR MASTERS TOURNAMENT
ENTRIES CLOSE JUNE 11 (or earlier if maximum number of entries are received)

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I wish to enter the ABC Senior Masters Championship Tournament to be held June 12-16, 2005 in Las Vegas. Enclosed is my $400 entry fee ($50 tournament expense fee includes lineage; $350 to prize fund)

In consideration for the right to bowl in this tournament, I agree to the following conditions:

1. To abide by all rules and regulations of the American Bowling Congress and such special rules as published for the 13th Masters Tournament.
2. ABC has my unqualified permission to arrange for telecasts or broadcasts of the tournament without cost to me or me sharing in any revenue derived therefrom.
3. I understand after my entry for the ABC Senior Masters has been accepted, ABC is not obligated to refund my entry fee if I fail to appear or elect to withdraw. In that event, I authorize ABC to arrange the transfer of my entry to anyone on its waiting list.
4. An administrative fee of $50 will be charged for withdrawals between May 15-21, 2005 and $100 for those withdrawing after June 1, 2005.
5. An administrative charge of $50 will be added to the entry fee for those individuals choosing to enter the Senior Masters at the "on-site" location.
6. As a Senior Masters entrant, I agree to be available for a maximum of two (2) squads in the Pro-Am portion of the Masters Tournament. Players who have declared themselves as professionals will be selected first. Pro-Am squad time(s) will be determined by tournament management.
7. I certify I am currently in good standing with the PBA.
8. Payment is enclosed by: *(Please check one)*
   ❑ Check
   ❑ Credit Card
   (Visa or Mastercard only)

   ________ - ________ - ________ - ________ Expiration Date ______ ______
   (Note: $10.00 additional fee for credit card transactions)

   ____
   Authorization Signature

MEMBERSHIP STATUS AT TIME OF ENTRY

❍ PBA Senior
❍ PBA
❍ PBA Full
❍ Non-Pro

Note: Players must show photo identification with date of birth at check-in.

PLEASE PRINT

Name ______________________________

Address ______________________________

City ______________ State ________ Zip ________ Phone (   ) ______________
Residence

(   ) ______________
Business

______________ City to be Listed on Scoreboard

______________ Date of Birth

E-Mail ______________

______________ 2003-2004 League Name

______________ Avg.

______________ 2004-2005 League Name (Current)

______________ Avg.

________ ________ ________
Social Security Number (REQUIRED)

____
Signature and Authorization (REQUIRED)

DO NOT WRITE IN THIS SPACE	
Amount Rec'd	**Date Rec'd**

Date of Application: ______________

Send Entry Form and Remittance to:
ATTN: Tom Boedecker
5301 S. 76th Street, Greendale, WI 53129
800-514-2695, ext. 3415
Fax: 414-421-9188