

NEBRASKA
BOWLING PROPRIETORS' ASSOCIATION



ADULT-YOUTH 2019
TOURNAMENT
IN HOUSE QUALIFIER FINANCIAL REPORT FORM

BOWLING CENTER: _____

CITY: _____

PLEASE LIST THE NUMBER OF LOCAL ENTIRES THAT PARTICIPATED IN YOUR IN HOUSE TOURNAMENT

PARENT/YOUTH

PARENT/TEEN

ADULT/YOUTH

ADULT/TEEN

TOTAL ENTRIES _____ x \$10.00 = _____

PLEASE MAKE CHECKS PAYABLE TO THE NEBRASKA STATE BPA.

PLEASE INCLUDE A COPY OF THE IN HOUSE RESULTS.

PROPRIETOR'S SIGNATURE _____

PLEASE MAIL REMITTANCE TO:

NICHOLAS BACKMAN
NSBPA ADULT YOUTH TOURNAMENT DIRECTOR
624 N SPRUCE STREET
VALLEY, NE 68064
402.905.4774

NEBRASKA
BOWLING PROPRIETORS' ASSOCIATION

ADULT-YOUTH 2019
TOURNAMENT
 PARTICIPATION FEE FINANCIAL REPORT FORM

BOWLING CENTER: _____

CITY: _____

PLEASE FILL OUT COMPLETELY FOR ANY BOWLERS PAYING PARTICIPATION FEE

NAME	ADULT/YOUTH	STREET ADDRESS	CITY	STATE	ZIP

TOTAL ADULTS _____ x \$5.00 = _____

PLEASE MAKE CHECKS PAYABLE TO THE NEBRASKA STATE BPA

PROPRIETOR'S SIGNATURE _____

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