



MINNESOTA STATE USBC ASSOCIATION

77th Annual WOMEN'S Championships

January 31 – May 3, 2026

Excluding Easter Weekend – Apr. 3,4,5
Opening Ceremony Squad – Jan. 31, 2026 @ 1:30 PM



AMF Saxon Lanes
61 Little Canada Rd. W.
St Paul, MN. 56117
651-484-6501

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USBC
Certified

Team
Fri – 5:30PM
Sat – 1:30PM
Sun – 9AM

Doubles & Singles
Fri – 1:00PM
Sat – 9:00 AM, 5:00 PM
Sun – 1:00 PM

ENTRY FEES DUE
This Entry Form ONLY

4 Person Team @ \$140 = _____

Dbls/Sgl Pairs @ \$140 ea. = _____

Hdcp All Events @ \$5 = _____

Hdcp Seniors (50+) @ \$5 = _____

Hdcp 600 @ \$5.00 _____

Opt Scr 4 -Team @ \$40 = _____

Opt Scr Doubles @ \$20 = _____

Opt Scr Singles @ \$10 = _____

Opt Scr All Events @ \$10= _____

TOTAL FEES DUE _____

PAYMENT: ONE CHECK OR CREDIT CARD
PER ENTRY
\$35 Fee Charged on Returned Checks

Reservation holders MUST remit entry form and fees by November 30, 2025 to GUARANTEE your 2026 reservation. After Nov. 30, 2025, first come first served, depending on availability.

Date & Time Reserved	We have NO Reservations Date & Time Preferred	Team	Doubles & Singles
_____	1. _____	_____	_____
_____	List 3 Different Weekend Choices	2. _____	_____
_____	3. _____	_____	_____

TEAM LINE-UP – List in Bowling Order Last Name, First Name & Initial	U S B C National ID #	2024-25 Average
1		
2		
3		
4		

Team Name _____

Captain's Name _____

Address _____

City, State, Zip _____

H Phone _____ Cell Phone _____

Name of Team We Wish to Pair With _____

Entry Forms MUST be Mailed Together

E-Mail Address _____

DOUBLES & SINGLES Bowlers MUST Enter Both Doubles & Singles	U S B C National ID #	2024-25 Average	Hdcp All Events	Hdcp Senior	Hdcp 600	Opt. Scratch Events		
						Dbl	Sgl	AE
1A								
1B								
2A								
2B								
3A								
3B								

Make Checks Payable to:
MN State USBC

Send To:
MN State USBC
27672 213th St.
Pierz, MN. 56364
c/o Sherri H.

For Reservations Contact
Sherri Hoheisel
Ph (320)- 468-2991
mnwomensbowling@hotmail.com

Office Hours
Mon – Thur 8am - 2pm

Check availability on State website

Expiration Date:
____ / ____
(Month / Year)

Card Account Number

3 or 4 Digit Security Code

My Signature Authorizes a Charge Request
(If someone other than Captain is paying by credit card, please their include name and address)

CREDIT CARD USER ONLY!		Handling Fee Rate	
Entry Fee		\$\$ Charged	Fee
To Be Charged = \$	_____	\$ 0 - \$ 99 =	\$ 4
PLUS		\$100 - \$199 =	\$ 8
Handling Fee = \$	_____	\$200 - \$299 =	\$12
(See Rate Chart ->)		\$300 - \$399 =	\$16
TOTAL = \$	_____	\$400 - \$499 =	\$20
		... Etc. ...	