106th ANNUAL MINNESOTA STATE USBC OPEN CHAMPIONSHIPS

USBC Certified

Feb 6 – May 2, 2027

(Excluding Easter Weekend) – May be extended 2 weeks based on entries or extenuating circumstances.

Reserved spots not paid by Jan. 16, 2027 will be made available on a first come, first serve basis.

Team & Doubles/Singles Event

Southway Bowl
1222 33rd St S
St Cloud, MN 56301

320-253-7414

Friday –6:30 p.m.
Saturday – 9 a.m., 1:30 p.m. & 4 p.m.
Sunday - 9 a.m. & 1:30 p.m.

All Saturdays
1:30 p.m. shift
TEAM EVENT ONLY!
No Doubles/Singles

All remaining shifts are split shifts (Team or Doubles/Singles)

ENTRY FEES DUE This Entry ONLY

____ Team @ $175 = _____
____ Dbls/Sgls Pairs @ $140 = _____
____ Hdcp All Events @ $5 = _____
____ Scr Team @ $50 = _____
____ Scr Doubles @ $20 = _____
____ Scr Singles @ $10 = _____
____ Scr All Events @ $10 = _____
____ Opt Seniors @ $5 = _____

TOTAL FEES DUE $ _____
$25 Fee Charged on Returned Checks

To Guarantee Reservations, Entry Forms & Fees Must be Received by January 16, 2027
Entries received after that date will be processed on a 'first-come, first-served' basis.

Final Entry Deadline – April 24, 2027

We HAVE Reservations – Date & Time Reserved		We have NO Reservations – Date & Time Preferred	
Team	Singles & Doubles	Team	Singles & Doubles

TEAM LINE-UP – List in Bowling Order Last Name, First Name & Initial	USBC National ID #	2025-26 Average	Opt. Seniors Y / N
1			
2			
3			
4			
5			

Team Name _____
Captain's Name _____
Address _____
City, State, Zip _____
Home or Work Phone _____ **Cell Phone** _____
Email address _____

DOUBLES & SINGLES Bowlers MUST enter Both Doubles & Singles	USBC National ID #	2025-26 Average	Hdcp All Events	Opt. Scratch Events Dbls	Sgl	A. E.
1A						
1B						
2A						
2B						
3A						
3B						

Send *FULL* Remittance to:
MN State USBC
Attn: Dick Woelfel
351 S 10th St
Bird Island, MN 55310

For Reservations
Call or Email:
Dick Woelfel
Tournament Director
320-808-9797

mnopenbowl@hotmail.com

Make checks payable to:
MN State USBC

VISA & MASTERCARD ONLY!

Expiration Date:

__ __ __ __ __ __ __ __ __ __ __ __ _____ _____ / _____
Card Account Number (Month / Year)

___ ___ ___
3 Digit Security # on reverse side

_____
My Signature Authorizes a Charge Request

CREDIT CARD USER ONLY

Entry Fee To Be Charged = $ _____

PLUS
Handling Fee = $ _____
(See rate Chart)

TOTAL = $ _____

HANDLING FEE RATE CHART

$ 1 - $100 =	$ 4.00
$101 - $200 =	$ 8.00
$201 - $300 =	$12.00
$301 - $400 =	$16.00
$401 - $500 =	$20.00
$501 - $600 =	$24.00

. . . ETC . . .