

## **USBA TOURNAMENT SUMMARY FORM**

Send this completed form along with the following:

- 1) \$50.00 Dues, if applicable, from each player
- 2) USBA Membership Applications for all players who pay dues
- 3) \$10.00 sanction fee for each player
- 4) Photos or copies of Tournament Charts
- 5) Any pictures (digital preferred) of players & a story is appreciated

Mail a check or money order payable to **"USBA"** to:

Jim Shovak/USBA Secretary  
58 Hawthorne Avenue  
East Islip, NY 11730

Information must be received within 2 weeks of the finish of your tournament or else the tournament will not be sanctioned by the USBA.

On the next page(s), list all of the player's names. Place a check next to the name where it says "Completed App" when you receive their completed USBA Membership Application. Indicate how much you have collected in dues from that player if applicable.

Room Name \_\_\_\_\_

Date(s) of Tournament \_\_\_\_\_

Total number of players \_\_\_\_\_

\$10.00 sanction fee for each player = \$ \_\_\_\_\_

**List of all players**

<u>Name</u>	<u>Completed App</u>	<u>Dues Amount Collected</u>
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
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- 20) \_\_\_\_\_
- 21) \_\_\_\_\_
- 22) \_\_\_\_\_
- 23) \_\_\_\_\_
- 24) \_\_\_\_\_

Name

Completed App

Dues Amount Collected

- 25) \_\_\_\_\_
- 26) \_\_\_\_\_
- 27) \_\_\_\_\_
- 28) \_\_\_\_\_
- 29) \_\_\_\_\_
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- 61) \_\_\_\_\_
- 62) \_\_\_\_\_
- 63) \_\_\_\_\_

<u>Name</u>	<u>Completed App</u>	<u>Dues Amount Collected</u>
64)		
65)		
66)		
67)		
68)		
69)		
70)		
71)		
72)		
73)		
74)		
75)		
76)		
77)		
78)		
79)		
80)		
81)		
82)		
83)		
84)		

Total Amount of Dues Collected \$ \_\_\_\_\_

Total Amount of Sanction Fees \$ \_\_\_\_\_

Grand Total Enclosed: \$ \_\_\_\_\_

Applications enclosed \_\_\_\_\_

Tournament Charts enclosed \_\_\_\_\_

Pictures Enclosed \_\_\_\_\_

Story Enclosed \_\_\_\_\_

Name and signature of Tournament Director:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_