

**Easter 5 Gamer**

1. All bowlers will bowl one game on their assigned pair of lanes; then moving one pair to the right for each game thereafter.
2. Bowlers will enter the tournament with the following averages:
  - a. All bowlers will enter with their highest verifiable average of 21 games or more from the 2018-19 Winter season or the highest 2018-19 composite average of 21 games or more.
  - b. January 1<sup>st</sup>, 2020, Current or 2017-18 average of 21 games or more will also be accepted if a bowler does not have the above average.
  - c. If their previous average of 21 games or more is five pins or more above the entering average, the bowler will use their previous average less five pins.
  - d. Bowlers with a January 1<sup>st</sup> or current average 21 games or more average, 10 pins or more higher than their entering average as stated above, must report the average to the tournament directors.
  - e. Minimum entering average for women will be 130, and for men 150.
  - f. All others will bowl scratch. Bowlers from outside of Cloverleaf Family Bowl leagues must bring proof of average.
3. This event will have (2) Divisions, Handicap & Scratch.
4. Handicap Division: Bowlers will be handicapped 90% of 230.
5. The cost of this event is as follows: Handicap \$50.00, Scratch \$60.00 or BOTH \$85.00
  - a. A \$10.00 late fee will apply to those signing up on day of event.
6. Brackets & High Game Pots will be available on the day of tournament.
7. The prize fund will be returned 100% on a 1:5 ratio in each division.
8. **The tournament coordinators reserve the right to re-rate, disqualify or reject any entry. Any, and all decisions made by the tournament committee are final.**
9. For more information, please contact Craig Pearsall or Karen Rosprim at Cloverleaf Family Bowl 40645 Fremont Blvd. Fremont, Ca 94538.  
Phone (510) 656-4411 Fax (510) 651-1204 E-Mail: [tournaments@cloverleafbowl.com](mailto:tournaments@cloverleafbowl.com)

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**Easter 5- Gamer**

Name \_\_\_\_\_ USBC #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

2018-19 Winter: \_\_\_\_\_ 2018-19 Composite: \_\_\_\_\_ Jan. 1<sup>st</sup> or Current: \_\_\_\_\_ 2017-18: \_\_\_\_\_

Division:      HANDICAP              SCRATCH              BOTH

PAYMENT: \$ \_\_\_\_\_ ON \_\_\_\_\_ BY \_\_\_\_\_