

SOUTH POINT

2010 SUMMER LEAGUES

DAY	TIME	H/C	LEAGUE NAME	TYPE OF LEAGUE	MEET & START DATE	MEET TIME	APPROX. END DATE	# OF WEEKS
Sun	6:15 PM	H	PHIL – AM ALL STARS	MIXED HANDICAP 4 (3/1)	5-02-10	5:00 PM	8-22-10	16
	6:30 PM	H	SAND DOLLARS II	MIXED HANDICAP 4 (3/1)	5-23-10	5:30 PM	8-29-10	14
Mon	6:30 PM	H	FREEWAY RUNNERS II	MIXED HANDICAP 4 (3/1)	5-10-10	5:30 PM	8-30-10	17
	6:30 PM	C	POLYNESIAN INVITATIONAL II	MIXED HANDICAP 4 (3/1)	5-31-10	5:15 PM	8-30-10	14
	6:30 PM	H	NASCAR	MIXED HANDICAP 4 (3/1)	7-5-10	5:30 PM	TBA	
Tues	9:30 AM	H	BREAKFAST BUNCH II	LADIES HANDICAP TRIO	4-27-10	9:00 AM	8-17-10	16
	12:30 PM	H	BETTER THAN EVER II	SENIOR HANDICAP 4 (3/1)	5-11-10	11:30 AM	8-24-10	15
	6:30 PM	H	BAJA ROLLERS II	MIXED HANDICAP 4 (3/1)	5-11-10	5:30 PM	8-31-10	17
	7:00 PM	H	SURVIVIOR SERIES WEEKLY TOURNAMENT	SINGLES SCRATCH	5-18-10	7:00 PM	TBA	
	9:00 PM	H	TUESDAY TRIO II (22 weeks)	MIXED HANDICAP TRIO	5-04-10	8:00 PM	9-28-10	22
Wed	12:30 PM	H	WEDNESDAY WONDERS II	SENIOR HANDICAP 4 (3/1)	5-19-10	11:30 AM	8-25-10	13
	6:30 PM	H	SOUTH POINT STARS II	MIXED HANDICAP 4 (3/1)	5-19-10	5:30 PM	8-25-10	13
	6:30 PM	H	DUNE DEVILS	MIXED HANDICAP 4 (3/1)	5-26-10	5:30 PM	8-18-10	13
	7:00 PM	H	JD'S PBA EXPERIENCE	SCRATCH SINGLES	5-12-10	6:00 PM	8-25-10	16
Thurs	10:00 AM	H	SIN CITY SENIORS II	SENIOR HANDICAP 4 (3/1)	5-27-10	9:00 AM	8-26-10	12
	6:30 PM	H	THURSDAY MIXER	MIXED HANDICAP 4 (3/1)	5-20-10	5:30 PM	8-26-10	14
	6:30 PM	H	THURSDAY THUNDER	MENS HANDICAP 4	5-06-10	5:30 PM	8-19-10	15
	6:30 PM	H	LANDMARK LADIES II	WOMENS HANDICAP 4	5-13-10	5:30 PM	8-26-10	15
	9:00 PM	H	ALMOST SCRATCH	DOUBLES - 4 GAMES	5-27-10	8:00 PM	8-26-10	12
Fri	6:30 PM	H	FIL-AM USA II	MIXED HANDICAP 4 (3/1)	5-28-10	5:30 PM	8-27-10	13
	6:30 PM	H	WAVE RUNNERS II	MIXED HANDICAP 4 (3/1)	5-21-10	5:30 PM	8-27-10	14

4-08-2010

*** Schedule Subject to Change Without Notice ***

H = House League

C = Closed League

PLEASE COMPLETE ALL INFORMATION SO WE CAN CONTACT YOU

Name: _____ Date: _____

Address: _____ Apt #: _____ City: _____ Zip: _____

Day Phone#: _____ Night Phone#: _____ Fax Number: _____

E-MAIL: _____

League Name: _____ **Second Choice:** _____

Application for: Team _____ Couple _____ Individual _____

NEW TEAM _____ or RETURNING TEAM _____

IF SIGNING UP FOR A SCRATCH LEAGUE, PLEASE INCLUDE YOUR AVERAGE: _____

If you are signing up as a partial team fill in the number of bowlers you need: _____

Additional Members Names: _____

**The South Point Bowling Center
9777 Las Vegas Blvd., South
Las Vegas, NV 89183
702-797-8080
Roe Reynolds, League Coordinator ext. 77173
Fax – 797-8081**

e-mail: reynoldsr@southpointcasino.com

