2024 August Military Team Classic

Storm Hurricane [1454]

TEAM CAPTAIN: Rommel Jones

| DOUBLES EVENT | Wednesday - 08/14 09:00PM | Squad 26 |
|---------------|---------------------------|----------|
| TEAM EVENT | Thursday - 08/15 09:00PM | Squad 26 |
| SINGLES EVENT | Friday - 08/16 09:00PM | Squad 26 |

#1 Linda Augustine

| Doubles: Kenneth Augi | ustine |
|-----------------------|--------|
| HANDICAP SIDEPOTS | \$20 |

| AGE 60 & OVER SWEEPER | Wednesday - 08/14 04:30PM | \$30 |
|-----------------------|---------------------------|------|
| NO TAP | Thursday - 08/15 01:00PM | \$30 |

Total Paid: \$280.00

#2 Kenneth Augustine *MIL*

| Doubles: Linda Augustir | ıe |
|-------------------------|----|
| HANDICAP SIDEPÕTS (| |

| AGE 60 & OVER SWEEPER | Wednesday - 08/14 04:30PM | \$30 |
|-----------------------|---------------------------|------|
| NO TAP | Thursday - 08/15 01:00PM | \$30 |

Total Paid: \$280.00

#3 Rommel Jones

| Doubles: Steve Domon |
|------------------------|
| HANDICAP SIDEPOTS \$20 |
| MYSTERY SCORE \$15 |
| ACE 60 & OVER SWEEDER |

| AGE 60 & OVER SWEEPER | Wednesday | - 08/14 04:30PM | \$30 |
|-----------------------|-----------|-----------------|------|
| MILITARY ONLY SWEEPER | Thursday | - 08/15 04:30PM | \$30 |
| SCRATCH 5-GAMER | Friday | - 08/16 04:30PM | \$50 |
| Total Paid: \$345.00 | | | |

#4 Steve Domon

| Doubles: Rommel Jones |
|------------------------|
| HANDICAP SIDEPOTS \$20 |
| MYSTERY SCORE \$15 |
| ACE 60 9 OVED SWEEDED |

| MYSTERY SCORE \$15 | | | |
|-----------------------|-----------|-----------------|------|
| AGE 60 & OVER SWEEPER | Wednesday | - 08/14 09:00AM | \$30 |
| AGE 60 & OVER SWEEPER | Wednesday | - 08/14 04:30PM | \$30 |
| NO TAP | Tuesday | - 08/13 01:00PM | \$30 |
| NO TAP | Thursday | - 08/15 01:00PM | \$30 |
| HANDICAP 5-GAMER | Friday | - 08/16 04:30PM | \$50 |
| TRIOS | Thursday | - 08/15 09:00AM | \$40 |
| | | | |

Total Paid: \$445.00

Total Team Fees: \$1,350.00 Total Team Fees Owed: \$0.00

Legend:

| *MIL* | We need to see your military ID |
|----------|-------------------------------------|
| *SSN* | We need your Social Security number |
| 0 | Your Entry Fee Is Not Paid |
| *NoMail* | We don't have your address |
| *DOB* | We don't have your date of birth |
| *USBC* | Pay \$5 Associate Member Fee |

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