

2010 PARTICIPANT REGISTRATION FORM

SPECIAL NOTE - confirmation will NOT be supplied unless requested.

Where confirmation of competitors in the same group are to be sent to a SPECIFIC person, please provide relevant contact details.

Name: _____ Phone: (Home or mobile) () _____
Address: _____ Post Code _____
Facsimile: _____ Email: _____

BOWLER 1 This will be my _____ year in the Championships Date of Birth: ____/____/____
Name: _____ TBA Player Registration No: _____
Address: _____ Post Code: _____
Please circle **Male / Female** Average: _____ Phone No.: (Home or mobile) () _____
Email: _____ Association/Centre: _____
Facsimile No. _____ I will be staying in the area from ____/____10 to ____/____10

BOWLER 2 This will be my _____ year in the Championships Date of Birth: ____/____/____
Name: _____ TBA Player Registration No: _____
Address: _____ Post Code: _____
Please circle **Male / Female** Average: _____ Phone No.: (Home or mobile) () _____
Email: _____ Association/Centre: _____
Facsimile No. _____ I will be staying in the area from ____/____10 to ____/____10

BOWLER 3 This will be my _____ year in the Championships Date of Birth: ____/____/____
Name: _____ TBA Player Registration No: _____
Address: _____ Post Code: _____
Please circle **Male / Female** Average: _____ Phone No.: (Home or mobile) () _____
Email: _____ Association/Centre: _____
Facsimile No. _____ I will be staying in the area from ____/____10 to ____/____10

BOWLER 4 This will be my _____ year in the Championships Date of Birth: ____/____/____
Name: _____ TBA Player Registration No: _____
Address: _____ Post Code: _____
Please circle **Male / Female** Average: _____ Phone No.: (Home or mobile) () _____
Email: _____ Association/Centre: _____
Facsimile No. _____ I will be staying in the area from ____/____10 to ____/____10

BOWLER 5 This will be my _____ year in the Championships Date of Birth: ____/____/____
Name: _____ TBA Player Registration No: _____
Address: _____ Post Code: _____
Please circle **Male / Female** Average: _____ Phone No.: (Home or mobile) () _____
Email: _____ Association/Centre: _____
Facsimile No. _____ I will be staying in the area from ____/____10 to ____/____10

ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA TOURNAMENT TEAM,
PO Box 244, Albion, Queensland, 4010

All enquiries regarding squad times and changes should be directed to
DENECE JONES - Ph (03) 5823 1841 Fax (03) 5823 1841, Email: denece@bigpond.net.au

2010 AUSTRALIAN NATIONAL CHAMPIONSHIP ENTRY FORM

TEAMS ENTRY
ADULT
SENIORS
ENTRY No.

TEAM NAME:		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	MIXED <input type="checkbox"/>
Office Use	Full Names	Highest Average	TEAM SQUAD TIMES	
			Date	Time
			Pref 1	
			Pref 2	
			TOTAL ENTRY COST \$175	
			AMOUNT REMITTED \$	
GRADE:		TOTAL AVERAGE		

DOUBLES ENTRY
ADULT
SENIORS
ENTRY No.

		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	MIXED <input type="checkbox"/>
Office Use	Full Names	Highest Average	DOUBLES SQUAD TIMES	
			Date	Time
			Pref 1	
			Pref 2	
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.				
AMOUNT REMITTED: \$		GRADE:		

SINGLES ENTRY
ADULT
SENIORS
ENTRY No.

		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Office Use	Full Names	Highest Average	SINGLES SQUAD TIMES
			Date Time
			Pref 1
			Pref 2
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.			
AMOUNT REMITTED: \$		GRADE:	

ALL EVENTS ENTRY

Office use	Full Name	M/F	Highest Average	Grade	Amount	Adult or Senior	Entry Number
						A <input type="checkbox"/> S <input type="checkbox"/>	
						A <input type="checkbox"/> S <input type="checkbox"/>	
						A <input type="checkbox"/> S <input type="checkbox"/>	
						A <input type="checkbox"/> S <input type="checkbox"/>	
						A <input type="checkbox"/> S <input type="checkbox"/>	

All cheques to be made payable to Tenpin Bowling Australia Tournament Account

CARDHOLDER'S INFORMATION - Please debit the amount of \$ _____	
<input type="checkbox"/> Mastercard	Cardholder's name: _____
<input type="checkbox"/> Visa	Card exp. ____/____ Transaction Date: ____/____/____
Card No. _____ - _____ - _____	

2010 AUSTRALIAN NATIONAL CHAMPIONSHIP ENTRY FORM

TEAMS ENTRY

ADULT

SENIORS

ENTRY No.

TEM NAME:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		MIXED <input type="checkbox"/>	
Office Use	Full Names	Highest Average	TEAM SQUAD TIMES				
				Date	Time		
				Pref 1			
				Pref 2			
			TOTAL ENTRY COST		\$175		
			AMOUNT REMITTED		\$		
GRADE:		TOTAL AVERAGE					

TEAMS ENTRY

ADULT

SENIORS

ENTRY No.

TEM NAME:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		MIXED <input type="checkbox"/>	
Office Use	Full Names	Highest Average	TEAM SQUAD TIMES				
				Date	Time		
				Pref 1			
				Pref 2			
			TOTAL ENTRY COST		\$175		
			AMOUNT REMITTED		\$		
GRADE:		TOTAL AVERAGE					

TEAMS ENTRY

ADULT

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TEM NAME:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		MIXED <input type="checkbox"/>	
Office Use	Full Names	Highest Average	TEAM SQUAD TIMES				
				Date	Time		
				Pref 1			
				Pref 2			
			TOTAL ENTRY COST		\$175		
			AMOUNT REMITTED		\$		
GRADE:		TOTAL AVERAGE					

ENTRY FEES	Teams	Doubles	Singles	All Events
	\$175.00	\$70.00	\$35.00	\$6.00
	PAYMENT OPTIONS : <input type="checkbox"/> CASH, <input type="checkbox"/> CHEQUE, <input type="checkbox"/> CREDIT CARD or EFT			

CARDHOLDER'S INFORMATION - Please debit the amount of \$ _____

Mastercard Cardholder's name: _____

Visa Card exp. ____/____ Transaction Date: ____/____/____

Card No. _____ - _____ - _____ - _____

2010 AUSTRALIAN NATIONAL CHAMPIONSHIP ENTRY FORM

DOUBLES ENTRY

ADULT

SENIORS

ENTRY No.

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MIXED <input type="checkbox"/>					
Office Use	Full Names	Highest Average	DOUBLES SQUAD TIMES		
				Date	Time
			Pref 1		
			Pref 2		
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.					
AMOUNT REMITTED: \$			GRADE:		

DOUBLES ENTRY

ADULT

SENIORS

ENTRY No.

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MIXED <input type="checkbox"/>					
Office Use	Full Names	Highest Average	DOUBLES SQUAD TIMES		
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ADULT

SENIORS

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AMOUNT REMITTED: \$			GRADE:		

DOUBLES ENTRY

ADULT

SENIORS

ENTRY No.

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MIXED <input type="checkbox"/>					
Office Use	Full Names	Highest Average	DOUBLES SQUAD TIMES		
				Date	Time
			Pref 1		
			Pref 2		
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.					
AMOUNT REMITTED: \$			GRADE:		

		Team	Doubles	Singles	All Events
ENTRY FEES	CASH/CHEQUE/ CREDIT CARD	\$175.00	\$70.00	\$35.00	\$6.00
ALL CHEQUES TO BE MADE PAYABLE TO TENPIN BOWLING AUSTRALIA TOURNAMENT ACCOUNT					

If you wish to pay your Entry fees via EFT, please ensure you advise TBA what the transaction is for on the transfer form and back it up with an email.

TBA Deposit details: Westpac Bank, BSB 032 195, Account 137950

2010 AUSTRALIAN NATIONAL CHAMPIONSHIP ENTRY FORM

SINGLES ENTRY

ADULT

SENIORS

ENTRY No.

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>					
Office Use	Full Names	Highest Average	SINGLES SQUAD TIMES		
				Date	Time
			Pref 1		
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.			Pref 2		
AMOUNT REMITTED: \$		GRADE:			

SINGLES ENTRY

ADULT

SENIORS

ENTRY No.

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>					
Office Use	Full Names	Highest Average	SINGLES SQUAD TIMES		
				Date	Time
			Pref 1		
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.			Pref 2		
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SINGLES ENTRY

ADULT

SENIORS

ENTRY No.

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>					
Office Use	Full Names	Highest Average	SINGLES SQUAD TIMES		
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SINGLES ENTRY

ADULT

SENIORS

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MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>					
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			Pref 1		
Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted.			Pref 2		
AMOUNT REMITTED: \$		GRADE:			

ALL EVENTS ENTRY

Office use	Full Name	M/F	Highest Average	Grade	Amount	Adult or Senior	Entry Number
						A <input type="checkbox"/> S <input type="checkbox"/>	
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						A <input type="checkbox"/> S <input type="checkbox"/>	
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