

Australian Junior Championship PLAYER REGISTRATION FORM

ENTRY FEES MUST BE PAID IN FULL. - ENTRIES RECEIVED WITHOUT PAYMENT WILL NOT BE PROCESSED

Please provide FULL information and address details for all participants.

SPECIAL NOTE: Please note that all Managers, Coaches and Junior guardians must complete and sign the NSW Volunteer/Student Declaration Form prior to taking part in the Championship in NSW. The Declaration Form can be downloaded from the TBA web site on the Junior Championship page or filled out online at check.kids.nsw.gov.au. Completed forms must be sent to TBA. Participation will not be permitted unless completed forms are received. Other State or Territory Working With Children cards are not acceptable.

Guardian's name: _____ TBA Registered Player Number: _____

Phone: () _____ Fax () _____ Mobile: _____

Address: _____ PC: _____

Name of Association / Centre: _____

E-mail Address: _____ Signature _____

BOWLER 1. This will be my _____ year in the Championship 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 ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

To ensure you receive your Prize money, please complete your banking details on this form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

Your entry into the Junior Championship assumes you give your consent to Tenpin Bowling Australia Ltd (TBA), and its agents (including without limitation, any photographer, interviewer, creative agency or media organisation) recording images of you during this event for promotional purposes.

Please tick the square and have a Parent or Guardian sign below if you DO NOT agree to TBA using any photographs or video footage of you taken at the Championship for publicity and advertising purposes.

Signed: Parent or Guardian Name:

BOWLER 2. This will be my _____ year in the Championship 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 ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

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Signed: Parent or Guardian Name:

Please provide FULL information and address details for all participants.

BOWLER 3. This will be my _____ year in the Championship 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 ____/____/12 to ____/____/12
Name of Financial Institution: _____ Branch: _____
BSB Number: _____ Account Name: _____ Account Number: _____

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Signed: Parent or Guardian Name:

BOWLER 4. This will be my _____ year in the Championship 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 ____/____/12 to ____/____/12
Name of Financial Institution: _____ Branch: _____
BSB Number: _____ Account Name: _____ Account Number: _____

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Signed: Parent or Guardian Name:

BOWLER 5. This will be my _____ year in the Championship 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 ____/____/12 to ____/____/12
Name of Financial Institution: _____ Branch: _____
BSB Number: _____ Account Name: _____ Account Number: _____

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Signed: Parent or Guardian Name:

AUSTRALIAN JUNIOR CHAMPIONSHIP ENTRY FORM

TEAM ENTRY

ENTRY No.

TEAM NAME:				(Circle Male (M) Female (F) or Mixed Entry)		
Office Use Only	FULL NAME	M / F Mixed	Highest Avg	TEAM SQUAD TIMES		
					Date	Time
				Pref 1		
				Pref 2		
				TOTAL ENTRY COST \$160		
				AMOUNT REMITTED \$		
GRADE:			TOTAL AVERAGE:			

DOUBLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F Mixed	High Avg	DOUBLES SQUAD TIMES		
					Date	Time
				Pref 1		
GRADE:			TOTAL AVERAGE			Pref 2
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In. No pre paid fees will be accepted.						
AMOUNT REMITTED \$						

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In. No pre paid fees will be accepted.				Pref 1		
AMOUNT REMITTED \$			GRADE:			Pref 2

ALL EVENTS ENTRIES: \$6.00

Office Use	FULL NAME	M/F	Grade	Highest Avg	Amount Remitted	ENTRY No.	ENTRY FEES	
							EVENT	CASH / CHEQUE / CREDIT CARD**
							Teams	\$160
							Doubles	\$64
							Singles	\$32

Please make cheques payable to: TBA Tournament Account.

**** a fee of 3.5% of the transaction value will be added to all credit card transactions.**

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

[] Mastercard** Cardholder's name: _____

[] Visa** Card exp. ____/____ Transaction Date: ____/____/____

Card No. _____ - _____ - _____ - _____

ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA TOURNAMENT TEAM, PO Box 244, ALBION, Queensland, 4010 or Fax: 07 3262 5544

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

AUSTRALIAN JUNIOR CHAMPIONSHIP ENTRY FORM

ADDITIONAL EVENTS ENTRY FORM

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In . No pre paid fees will be accepted.				Pref 1		
AMOUNT REMITTED \$				GRADE:	Pref 2	

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In . No pre paid fees will be accepted.				Pref 1		
AMOUNT REMITTED \$				GRADE:	Pref 2	

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In . No pre paid fees will be accepted.				Pref 1		
AMOUNT REMITTED \$				GRADE	Pref 2	

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In . No pre paid fees will be accepted.				Pref 1		
AMOUNT REMITTED \$				GRADE	Pref 2	

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In . No pre paid fees will be accepted.				Pref 1		
AMOUNT REMITTED \$				GRADE	Pref 2	

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

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ADDITIONAL EVENTS ENTRY FORM

DOUBLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F Mixed	High Avg	DOUBLES SQUAD TIMES		
					Date	Time
				Pref 1		
GRADE:			TOTAL AVERAGE	Pref 2		
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In. No pre paid fees will be accepted.						
AMOUNT REMITTED \$						

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ENTRY No.

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					Date	Time
				Pref 1		
GRADE:			TOTAL AVERAGE	Pref 2		
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In. No pre paid fees will be accepted.						
AMOUNT REMITTED \$						

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ENTRY No.

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					Date	Time
				Pref 1		
GRADE:			TOTAL AVERAGE	Pref 2		
Qualifying fees for Scotch Doubles, Masters, Classic Cup and Restricted Cup must be paid at squad Check In. No pre paid fees will be accepted.						
AMOUNT REMITTED \$						

TEAM ENTRY

ENTRY No.

TEAM NAME:							(Circle Male (M) Female (F) or Mixed Entry)	
Office Use Only	FULL NAME	M / F Mixed	Highest Avg	TEAM SQUAD TIMES				
					Date	Time		
				Pref 1				
				Pref 2				
				TOTAL ENTRY COST \$160				
				AMOUNT REMITTED \$				
GRADE:			TEAM AVERAGE:					

ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO
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