2004 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

Name: _____ TBA Player Registration No: _____

Address: _____ PC: _____

Please circle **Male / Female**   Average: _____   Phone No.: (Home or mobile) (_____) _____

Email: _____Association/Centre: _____

Facsimile No. _____   I will be staying in Melbourne from ____/____04 to ____/____04

BOWLER 2   This will be my _____ year in the Championships

Name: _____ TBA Player Registration No: _____

Address: _____ PC: _____

Please circle **Male / Female**   Average: _____   Phone No.: (Home or mobile) (_____) _____

Email: _____Association/Centre: _____

Facsimile No. _____   I will be staying in Melbourne from ____/____04 to ____/____04

BOWLER 3   This will be my _____ year in the Championships

Name: _____ TBA Player Registration No: _____

Address: _____ PC: _____

Please circle **Male / Female**   Average: _____   Phone No.: (Home or mobile) (_____) _____

Email: _____Association/Centre: _____

Facsimile No. _____   I will be staying in Melbourne from ____/____04 to ____/____04

BOWLER 4   This will be my _____ year in the Championships

Name: _____ TBA Player Registration No: _____

Address: _____ PC: _____

Please circle **Male / Female**   Average: _____   Phone No.: (Home or mobile) (_____) _____

Email: _____Association/Centre: _____

Facsimile No. _____   I will be staying in Melbourne from ____/____04 to ____/____04

BOWLER 5   This will be my _____ year in the Championships

Name: _____ TBA Player Registration No: _____

Address: _____ PC: _____

Please circle **Male / Female**   Average: _____   Phone No.: (Home or mobile) (_____) _____

Email: _____Association/Centre: _____

Facsimile No. _____   I will be staying in Melbourne from ____/____04 to ____/____04

ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA LIMITED , PO Box 239 BEENLEIGH QLD, 4207
All other enquiries such as squad times and changes should be directed to
The TBA Office - Ph. (07) 3807 8404 Fax (07) 3807 4789 email: tenpin.bowling@tenpin.org.au

2004 AUSTRALIAN TENPIN BOWLING CHAMPIONSHIPS ENTRY FORM

TEAMS ENTRY   ADULT   SENIORS   ENTRY No.

TEAM NAME:

Office use only	Full Name	M/F Mixed	Highest Average
	TOTAL AVERAGE:		
AMOUNT REMITTED: $		**GRADE:**	

TEAMS SQUAD TIMES - PREFERENCE

	DATE	TIME
Pref 1		
Pref 2		

ENTRIES MUST BE PAID IN FULL. UNPAID ENTRIES CANNOT BE PROCESSED

DOUBLES ENTRY   ADULT   SENIORS   ENTRY No.

Office Use Only	Full Name	Qualifier	M/F/ Mxd	High Ave
	TOTAL AVERAGE:			

I wish to nominate this doubles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ **GRADE:**

DOUBLES SQUAD TIMES -

	DATE	TIME
Pref 1		
Pref 2		

SINGLES ENTRY   ADULT   SENIORS   ENTRY No.

Office use only	Full Name	M/F Mixed	Highest Average

I wish to nominate this singles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $
GRADE:

SINGLES SQUAD TIMES - PREFERENCE

	DATE	TIME
Pref 1		
Pref 2		

ALL EVENTS ENTRY ADULT   SENIORS   ENTRY No.

Office use only	Full Name	M/F	Highest Average
AMOUNT REMITTED: $			

ENTRY FEES

EVENT	CASH/CHEQUE/CREDIT CARD
Teams	$150.00
Doubles	$60.00
Singles	$30.00

PAYMENT OPTIONS   ☐ CASH   ☐ CHEQUE M/ORDER   ☐ CREDIT CARD

SENIORS DOUBLES & TEAMS MUST COMPRISE ENTIRELY OF SENIOR BOWLERS

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

[ ]   Mastercard   Cardholder's name: _____

[ ]   Bankcard   Cardholder's signature: _____

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

Card No. [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]

2004 AUSTRALIAN TENPIN BOWLING CHAMPIONSHIPS ENTRY FORM

TEAMS ENTRY   ADULT   SENIORS   ENTRY No.

TEAM NAME:

Office use only	Full Name	M/F Mixed	Highest Average
	TOTAL AVERAGE:		
AMOUNT REMITTED: $		GRADE:	

TEAMS SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

ENTRIES MUST BE PAID IN FULL. UNPAID ENTRIES CANNOT BE PROCESSED

DOUBLES ENTRY   ADULT   SENIORS   ENTRY No.

Office Use Only	Full Name	Qualifier	M/F/ Mxd	High Ave
	TOTAL AVERAGE:			

I wish to nominate this doubles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ GRADE:

DOUBLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

DOUBLES ENTRY   ADULT   SENIORS   ENTRY No.

Office Use Only	Full Name	Qualifier	M/F/ Mxd	High Ave
	TOTAL AVERAGE:			

I wish to nominate this doubles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ GRADE:

DOUBLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

ALL EVENTS ENTRY   ADULT   SENIORS

Office use	Full Name	M/F	Highest	Grade	Amount	Entry

		Team	Doubles	Singles
ENTRY FEES	**CASH/CHEQUE/ CREDIT CARD**	$150.00	$60.00	$30.00

2004 AUSTRALIAN TENPIN BOWLING CHAMPIONSHIPS ENTRY FORM

SINGLES ENTRY ADULT SENIORS ENTRY No.

Office use only	Full Name	M/F Mixed	Highest Average

I wish to nominate this singles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ **GRADE:**

SINGLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

SINGLES ENTRY ADULT SENIORS ENTRY No.

Office use only	Full Name	M/F Mixed	Highest Average

I wish to nominate this singles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ **GRADE:**

SINGLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

SINGLES ENTRY ADULT SENIORS ENTRY No.

Office use only	Full Name	M/F Mixed	Highest Average

I wish to nominate this singles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ **GRADE:**

SINGLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

SINGLES ENTRY ADULT SENIORS ENTRY No.

Office use only	Full Name	M/F Mixed	Highest Average

I wish to nominate this singles entry to be used for qualifying in:
CLASSIC   RESTRICTED   OPEN MASTERS   SENIOR CUP   at $10 per event

AMOUNT REMITTED: $ **GRADE:**

SINGLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

ALL EVENTS ENTRY ADULT SENIORS

Office use only	Full Name	M/F	Highest Average	Grade	Amount	Entry Number