

2004 Australian Junior National Tenpin Bowling Championships PLAYER REGISTRATION FORM

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

SPECIAL NOTE: FOR GUARDIANS ADDRESSES (ALL INFORMATION TO BE COMPLETED)

Guardian's name: _____ TBA Registered Player Number: _____
Phone: () _____ Fax () _____ Mobile: _____
Address: _____ PC: _____
Name of Association / Centre: _____
E-mail Address: _____ Signature _____

Please provide FULL information and address details for all participants.

BOWLER 1 - General Information This will be my _____ year in the Australian Junior Championships
Name: _____ TBA Registered Player Number: _____
Address: _____ PC: _____
Please circle **Male / Female** Age: _____ DOB: ____/____/____ Age as of 3rd July 2004 : _____ Average: _____
Phone: (Home or mobile) () _____ Association / Centre: _____
Visiting bowler will be staying in the Host City from ____/____/____ to ____/____/____

BOWLER 2 - General Information This will be my _____ year in the Australian Junior Championships
Name: _____ TBA Registered Player Number: _____
Address: _____ PC: _____
Please circle **Male / Female** Age: _____ DOB: ____/____/____ Age as of 3rd July 2004 : _____ Average: _____
Phone: (Home or mobile) () _____ Association / Centre: _____
Visiting bowler will be staying in the Host City from ____/____/____ to ____/____/____

BOWLER 3. - General Information This will be my _____ year in the Australian Junior Championships
Name: _____ TBA Registered Player Number: _____
Address: _____ PC: _____
Please circle **Male / Female** Age: _____ DOB: ____/____/____ Age as of 3rd July 2004 : _____ Average: _____
Phone: (Home or mobile) () _____ Association / Centre: _____
Visiting bowler will be staying in the Host City from ____/____/____ to ____/____/____

BOWLER 4. - General Information This will be my _____ year in the Australian Junior Championships
Name: _____ TBA Registered Player Number: _____
Address: _____ PC: _____
Please circle **Male / Female** Age: _____ DOB: ____/____/____ Age as of 3rd July 2004 : _____ Average: _____
Phone: (Home or mobile) () _____ Association / Centre: _____
Visiting bowler will be staying in the Host City from ____/____/____ to ____/____/____

BOWLER 5. - General Information This will be my _____ year in the Australian Junior Championships
Name: _____ TBA Registered Player Number: _____
Address: _____ PC: _____
Please circle **Male / Female** Age: _____ DOB: ____/____/____ Age as of 3rd July 2004 : _____ Average: _____
Phone: (Home or mobile) () _____ Association / Centre: _____
Visiting bowler will be staying in the Host City from ____/____/____ to ____/____/____

Photocopy this form if extra space is needed for participant's details

2004 AUSTRALIAN JUNIOR NATIONAL 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			\$125		
				AMOUNT REMITTED			\$		
GRADE:				TEAM AVERAGE:					

DOBLES ENTRY

ENTRY No.

(Circle Male (M) Female (F) or Mixed Entry)												
Office Use Only	FULL NAME	M / F Mixed	Highest Avg	DOBLES SQUAD TIMES								
					Date	Time						
					Pref 1							
					Pref 2							
GRADE:				TEAM AVERAGE:								
I wish to nominate this MIXED DOUBLE entry to be used for qualifying in: JUNIOR SCOTCH DOUBLES <input type="checkbox"/> \$10.00 per event												
TOTAL ENTRY COST				\$50			AMOUNT REMITTED			\$		

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES						
					Date	Time				
I wish to nominate this single entry to be used for qualifying in:										
CLASSIC <input type="checkbox"/> RESTRICTED <input type="checkbox"/> OPEN MASTERS <input type="checkbox"/> \$10.00 per event							Pref 1			
AMOUNT REMITTED				GRADE:			Pref 2			

ALL EVENTS ENTRIES: \$5.00

FULL NAME	M/F	Highest Avg	Amount Remitted	ENTRY No.	ENTRY FEES	
					EVENT	CASH / CHEQUE / CREDIT CARD
					Teams	\$125
					Doubles	\$50
					Singles	\$25

Please make cheques payable to: TBA Tournament Account

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

ALL ENTRY FORMS AND PAYMENTS MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA LIMITED
 PO Box 239, Beenleigh QLD 4207. Fax: (07) 3807 4789 Ph. (07) 3807 8404

2004 AUSTRALIAN JUNIOR NATIONAL ENTRY FORM ADDITIONAL EVENTS ENTRY FORM

SINGLES ENTRY

ENTRY No.

Office Use Only	FULL NAME	M / F	Highest Avg	SINGLES SQUAD TIMES		
					Date	Time
I wish to nominate this single entry to be used for qualifying in: CLASSIC <input type="checkbox"/> RESTRICTED <input type="checkbox"/> OPEN MASTERS <input type="checkbox"/> \$10.00 per event				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
I wish to nominate this single entry to be used for qualifying in: CLASSIC <input type="checkbox"/> RESTRICTED <input type="checkbox"/> OPEN MASTERS <input type="checkbox"/> \$10.00 per event				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
I wish to nominate this single entry to be used for qualifying in: CLASSIC <input type="checkbox"/> RESTRICTED <input type="checkbox"/> OPEN MASTERS <input type="checkbox"/> \$10.00 per event				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
I wish to nominate this single entry to be used for qualifying in: CLASSIC <input type="checkbox"/> RESTRICTED <input type="checkbox"/> OPEN MASTERS <input type="checkbox"/> \$10.00 per event				Pref 1		
AMOUNT REMITTED \$				GRADE	Pref 2	

2004 NATIONAL AGE CHAMPION EVENTS

AGE ALL EVENTS AND SINGLES ENTRIES - Cost \$2.00 per event. Please insert " X " to Indicate Event

Full Name	M/F	Age	All Events	ENTRY No.	Singles	ENTRY No.	Amount Remitted

ALL ENTRY FORMS AND PAYMENTS MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA LIMITED

PO Box 239, Beenleigh QLD 4207. Fax: (07) 3807 4789 Ph. (07) 3807 8404

All enquiries regarding squad times and changes should be directed to
RONDA HATCHARD - Ph (08) 8261 1623, Fax (08) 8261 3707, email: ronda.hatchard@tenpin.org.au

DOUBLES ENTRY**ENTRY No.**

Office Use Only	FULL NAME	M / F Mixed	Highest Avg	DOUBLES SQUAD TIMES		
					Date	Time
				Pref 1		
GRADE:		TEAM AVERAGE:		Pref 2		
I wish to nominate this MIXED DOUBLE entry to be used for qualifying in: JUNIOR SCOTCH DOUBLES <input type="checkbox"/> \$10.00 per event						
TOTAL ENTRY COST \$50		AMOUNT REMITTED \$				

DOUBLES ENTRY**ENTRY No.**

Office Use Only	FULL NAME	M / F Mixed	Highest Avg	DOUBLES SQUAD TIMES		
					Date	Time
				Pref 1		
GRADE:		TEAM AVERAGE:		Pref 2		
I wish to nominate this MIXED DOUBLE entry to be used for qualifying in: JUNIOR SCOTCH DOUBLES <input type="checkbox"/> \$10.00 per event						
TOTAL ENTRY COST \$50		AMOUNT REMITTED \$				

DOUBLES ENTRY**ENTRY No.**

Office Use Only	FULL NAME	M / F Mixed	Highest Avg	DOUBLES SQUAD TIMES		
					Date	Time
				Pref 1		
GRADE:		TEAM AVERAGE:		Pref 2		
I wish to nominate this MIXED DOUBLE entry to be used for qualifying in: JUNIOR SCOTCH DOUBLES <input type="checkbox"/> \$10.00 per event						
TOTAL ENTRY COST \$50		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 \$125		
				AMOUNT REMITTED \$		
GRADE:		TEAM AVERAGE:				

ALL ENTRY FORMS AND PAYMENTS MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA LTD, P.O. Box 239, Beenleigh QLD 4207.

Fax: (07) 3807 4789 Ph. (07) 3807 8404

All enquiries regarding squad times and changes should be directed to
 RONDA HATCHARD - Ph (08) 8261 1623, Fax (08) 8261 3707, email: ronda.hatchard@tenpin.org.au