

2006 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 hear :

Name: _____ Phone: (Home or mobile) () _____

Address: _____ Post Code _____

Facsimile: _____ Email: _____

BOWLER 1 This will be my _____ year in the Championships Disability: _____

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 Castle Hill area from ____/____06 to ____/____06

Please complete: If both appertains please complete Carer Y/N Ramp Y/N Wheelchair Y/N

BOWLER 2 This will be my _____ year in the Championships Disability: _____

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 Castle Hill from ____/____06 to ____/____06

Please complete: If both appertains please complete Carer Y/N Ramp Y/N Wheelchair Y/N

BOWLER 3 Disability: _____ TBA Player Accreditation No: _____

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 Castle Hill Area from ____/____06 to ____/____06

Please complete: If both appertains please complete Carer Y/N Ramp Y/N Wheelchair Y/N

BOWLER 4 Disability: _____ TBA League Accreditation NO: _____

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 Castle Hill area from ____/____06 to ____/____06

Please complete: If both appertains please complete Carer Y/N Ramp Y/N Wheelchair Y/N

BOWLER 5 Disability: _____ TBA Player Accreditation No: _____

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 Castle Hill area from ____/____06 to ____/____06

Please complete: If both appertains please complete Carer Y/N Ramp Y/N Wheelchair Y/N

**ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA DISABILITY TOURNAMENT TEAM,
PO Box 308 Macarthur Square Shopping Centre Ambarvale NSW 2560
All enquiries regarding squad times and changes should be directed to
TONY MORRIS - Ph (02) 46262061, Fax (02) 46262061, email: tony2411@bigpond.net.au**

2006 TBA AUSTRALIAN DISABILITY CHAMPIONSHIP ENTRY FORM

TEAMS ENTRY

ENTRY No. _____

TEAM NAME:			
Office use only	Full Name	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

ENTRY No. _____

Office Use Only	Full Name	Qualifier	Mixed	High Ave
TOTAL AVERAGE:				
AMOUNT REMITTED: \$		GRADE:		

DOUBLES SQUAD TIMES -		
	DATE	TIME
Pref		
Pref		

SINGLES ENTRY

ENTRY No. _____

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

SINGLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

ALL EVENTS ENTRY

ENTRY No. _____

Office use only	Full Name	M/F	High Ave	Grade	Rank	Amount	Entry Number

ENTRY FEES	All Events	Teams (4 persons)	Doubles	Singles
	\$5.00	\$84.00	\$42.00	\$21.00
PAYMENT OPTIONS : [] CHEQUE or () MONEY ORDER				

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2006 TBA AUSTRALIAN DISABILITY CHAMPIONSHIP ENTRY FORM

TEAMS ENTRY

ENTRY No. _____

TEAM NAME:			
Office use only	Full Name	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

ENTRY No. _____

Office Use Only	Full Name	Qual ifier	Mxd	High Ave
TOTAL AVERAGE:				
AMOUNT REMITTED: \$		GRADE:		

DOUBLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

DOUBLES ENTRY

ENTRY No. _____

Office Use Only	Full Name	Qual ifier	Mxd	High Ave
TOTAL AVERAGE:				
AMOUNT REMITTED: \$		GRADE:		

DOUBLES SQUAD TIMES - PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

ALL EVENTS ENTRY

Office use	Full Name	M/F	High Ave	Grade		Amount	Entry
						\$5.00	

	Team	Doubles	Singles
ENTRY FEES	\$84.00	\$42.00	\$21.00
CHEQUE/ MONEY ORDER			

