2006 PARTICIPANT REGISTRATION FORM

		tion will NOT be su itors in the same gro		•		n, pleas	e provide rele	evant contac	xt details
				Phone: (!	Home o	or mobil	le) ()		
Facsimile:			Email: _						
		year in the Ch							
							_ Post Co	de:	
Please circle Ma		Average:		No.: (Home or)		
		Assoc							
	lf both appertai	ins please complete	Carer	Y/N	Ram	mp Y/N		Wheelchair	Y/N
BOWLER 2	This will be my _	year in the Ch	nampionships	Disability:					
Please circle Ma	ale / Female	Average:	Phone	No.: (Home or	r mobile)) ()		
		Assoc							
Please complete:	lf both appertai	ins please complete	Carer	Y/N	Ran	mp Y/N		Wheelchair	Y/N
BOWLER 3	Disability:					ccreditati	ion No:		
					TBA	Player	Registration	n No:	
Address: Please circle Ma		Average:		No.: (Home or			Post Co	de:	
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		/\330(
		ins please complete				mp Y/N		Wheelchair	Y/N
BOWLER 4	Disability :			TBA League	Accredita	ation NO:	:		
Name:					TB/	A Playe	er Registrati	ion No:	
							_ Post Co	/de:	
Please circle Ma	-	Average:							
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							06 to/		V//N1
		iins please complete		,		mp Y/N		Wheelchair	Y/N
BOWLER 5	-			layer Accreditatior					
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		ins please complete				/ mp Y/N	_00 to	Wheelchair	Y/N
то	TE PO Box All end	TRY FORMS TOG ENPIN BOWLING A x 308 Macarthur iquiries regarding - Ph (02) 462620	USTRALIA D Square Shop squad times	DISABILITY TOU pping Centre A and changes	URNAM Ambarv s should	1ENT TE v ale NS d be dire	EAM, W 2560 rected to	d.net.au	

2006 TBA AUSTRALIAN DISABILITY CHAMPIONSHIP ENTRY FORM

TEAMS ENTRY

ENTRY No.

TEAM NAME:				
Office use only		Full Name	Highest Average	
		TOTAL AVE	RAGE:	
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	Mixed	High Ave	DOU	BLES SQUA	D TIMES -
						DATE	TIME
					Pref		
	тот		AGE:		Pref		
AMOUNT REM	IITTED: \$ G	BRADE:					

SINGLES ENTRY

ENTRY No.

ENTRY No.

Office use only	Full Name	M/F	Highest Average	SING	SINGLES SQUAD TIMES - PREFERENCE	
					DATE	ТІМЕ
				Pref 1		
AMOUNT REMITTED: \$ GRADE:		Pref 2				

ALL EVENTS ENTRY

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

	All Events	Teams (4 persons)	Doubles	Singles
	\$5.00	\$84.00	\$42.00	\$21.00
ENTRY FEES	PAYM	ENT OPTIONS : [] CHEC	QUE or () MONEY OF	RDER

ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO TBA 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 AV	ERAGE:	
AMOUNT REMITT	ED: \$		GRADE:	

TEAMS SQUAD TIMES - PREFERENCE								
DATE TIME								
Pref 1								
Pref 2								

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

DOUBLES ENTRY

Office Use Only	Full Name	Qual ifier	Mxd	High Ave	DOUBLES SO	QUAD TIMES -	PREFERENCE
Only				AVE		DATE	TIME
					Pref 1		
	ΤΟΤΑ	L AVEF	RAGE:		Pref 2		
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AMOUNT REN	IITTED: \$ GF	ADE:					

DOUBLES ENTRY

ENTRY No.

ENTRY No.

Office Use Only	Full Na	ime	Qual ifier	Mxd	High Ave	DOUBLES S	QUAD TIMES -	PREFERENCE
							DATE	TIME
						Pref 1		
1		TOTAL	AVER	RAGE:		Pref 2		
AMOUNT REM	ITTED: \$	GRA	ADE:			-		

ALL EVENTS ENTRY

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

		Team	Doubles	Singles
ENTRY FEES	CHEQUE/ MONEY	\$84.00	\$42.00	\$2100
	ORDER			

2006 TBA AUSTRALIAN DISABILITY CHAMPIONSHIP ENTRY FORM

SINGLES ENTRY

Office use only Full Name M/F Highest Average SINGLES SQUAD TIMES -PREFERENCE Image: I

SINGLES ENTRY

ENTRY No.

Office use only	Full Name	M/F	Highest Average	SINGLES SQUAD TIMES - PREFERENCE		
					DATE	TIME
1						
AMOUNT REMITTED: \$ GR		GRADE:		Pref 2		

SINGLES ENTRY

Office use only Full Name M/F Highest Average SINGLES SQUAD TIMES - PREFERENCE Image: Description only Image: Descrip

SINGLES ENTRY

ENTRY No.

Office use only	Full Name	M/F	Highest Average	SINGLES SQUAD TIMES - PREFERENCE		
					DATE	TIME
			Pref 1			
AMOUNT REMITTED: \$ GRADE:			Pref 2			

ALL EVENTS ENTRY

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

ENTRY No.

ENTRY No.