



Registration Form
58th Annual TNBA Eastern Regional
Tournament
 November 9-11, 2018
AMF GATES LANES
645 SPENCERPORT RD
ROCHESTER, NY 14606 (585) 420-0500



Additional Information: www.tnbainc.org

Senior Teams

Captain's (Submitter's) Name		Senate Represented	
Address			
City		State	Zip
Email		Email confirmation <input type="checkbox"/>	Telephone #

THERE WILL BE ONE SQUAD ON FRIDAY AT 5:00 p.m.

CAPTAIN/SUBMITTER WILL RECEIVE ALL CONFIRMATIONS, CORRESPONDENCE & AWARDS

Submitter certifies the correctness of the submitted entry(s), makes application to enter the Tournament on behalf of the team members and agrees that team members will abide by all the Tournament rules and regulations. **(Please refer to Tournament rules)**

Entry Fee Breakdown	Teams	Senior Teams	Doubles	Singles	Mixed Doubles	All Events
Prize fund	90.00	72.00	36.00	18.00	36.00	4.00
Bowling Fee & Expenses	85.00	68.00	34.00	17.00	34.00	1.00
Total	175.00	140.00	70.00	35.00	70.00	5.00

Entry Fee:
\$35.00 per person per event

Optional All-Events:
Handicap and Scratch Divisions
~ \$5.00 per division

Cancellations/Changes and Refunds: Fees will be refunded if cancellation or change resulting in a refund is received in writing no later than October 10, 2018. After that date, fees are non-refundable. Any entry missing required information or accompanied by an improper amount of fees may be returned to the sender at the discretion of the tournament director. Substitutions are allowed at no charge. Total entry fee **MUST** accompany the entry form. **There will be no partial payments.**

PLEASE COMPLETE: Indicate Number Submitted (THIS FORM): _____ SR TEAMS

TOTAL AMOUNT DUE (THIS FORM): \$_____ (\$140 x no. of Teams)

PAYMENT METHOD: Certified Check or Money Order must be in U.S. funds payable to: **TNBA Eastern Regional Tournament Fund**. Personal checks will not be accepted. Registration confirmation/receipt and further information will be mailed (or emailed upon request).

Please mail completed registration form with full payment to:

Janeen Morgan, Director
TNBA Eastern Regional Tournament
P.O. Box 303, Sykesville, MD 21784
Phone: 443-929-3945 or 440-570-7536
Email: tnbaert@gmail.com

FOR ERT USE ONLY

DATE RECEIVED: _____ EMAIL MAIL

DATE PAYMENT RECEIVED: _____ PAYMENT AMOUNT RECEIVED: \$ _____

CONFIRMATION NO. _____ CONFIRMATION DATE: _____ EMAILED

58th TNBA EASTERN REGIONAL TOURNAMENT

SUBMITTED BY: _____

Register the following Senior Teams:

TEAM NAME (REQUIRED):					PREFERRED DATE <input type="checkbox"/> 11/09 <input type="checkbox"/> 11/10 <input type="checkbox"/> 11/11	PREFERRED TIME <input type="checkbox"/> 8:00 am <input type="checkbox"/> 12 noon <input type="checkbox"/> 5:00 pm
BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2017-18 AVG		
					TOURNAMENT USE ONLY	
					ENTRY #	ASSIGNED SQUAD
						/ / :

TEAM NAME (REQUIRED):					PREFERRED DATE <input type="checkbox"/> 11/09 <input type="checkbox"/> 11/10 <input type="checkbox"/> 11/11	PREFERRED TIME <input type="checkbox"/> 8:00 am <input type="checkbox"/> 12 noon <input type="checkbox"/> 5:00 pm
BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2017-18 AVG		
					TOURNAMENT USE ONLY	
					ENTRY #	ASSIGNED SQUAD
						/ / :

TEAM NAME (REQUIRED):					PREFERRED DATE <input type="checkbox"/> 11/09 <input type="checkbox"/> 11/10 <input type="checkbox"/> 11/11	PREFERRED TIME <input type="checkbox"/> 8:00 am <input type="checkbox"/> 12 noon <input type="checkbox"/> 5:00 pm
BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2017-18 AVG		
					TOURNAMENT USE ONLY	
					ENTRY #	ASSIGNED SQUAD
						/ / :

TEAM NAME (REQUIRED):					PREFERRED DATE <input type="checkbox"/> 11/09 <input type="checkbox"/> 11/10 <input type="checkbox"/> 11/11	PREFERRED TIME <input type="checkbox"/> 8:00 am <input type="checkbox"/> 12 noon <input type="checkbox"/> 5:00 pm
BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2017-18 AVG		
					TOURNAMENT USE ONLY	
					ENTRY #	ASSIGNED SQUAD
						/ / :

TEAM NAME (REQUIRED):					PREFERRED DATE <input type="checkbox"/> 11/09 <input type="checkbox"/> 11/10 <input type="checkbox"/> 11/11	PREFERRED TIME <input type="checkbox"/> 8:00 am <input type="checkbox"/> 12 noon <input type="checkbox"/> 5:00 pm
BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2017-18 AVG		
					TOURNAMENT USE ONLY	
					ENTRY #	ASSIGNED SQUAD
						/ / :