



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

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:

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

\$35.00 per person per event

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

*Optional Scratch Team Special:
\$50.00 per team*

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 he entry form. **There will be no partial payments.**

PLEASE COMPLETE: Indicate Number Submitted (THIS FORM): _____ TEAMS _____ SCRATCH TEAMS
 TOTAL AMOUNT DUE (THIS FORM): \$ _____ (\$175 x no. of Teams + \$50 X no. of Scratch)

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 443-570-7536
Email: tnbaert@gmail.com

FOR ERT USE ONLY

DATE RECEIVED: _____ EMAIL FAX MAIL

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

CONFIRMATION NO. _____ CONFIRMATION DATE: _____ EMAILED

58th TNBA EASTERN REGIONAL TOURNAMENT

SUBMITTED BY: _____

Register the following teams:

TEAM NAME (REQUIRED):					PREFERRED DATE		PREFERRED TIME	
TEAM TYPE: <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="checkbox"/> SCRATCH TEAM					<input type="checkbox"/> 11/09	<input type="checkbox"/> 8:00 am		
					<input type="checkbox"/> 11/10	<input type="checkbox"/> 12 noon		
					<input type="checkbox"/> 11/11	<input type="checkbox"/> 5:00 pm		
					TOURNAMENT USE ONLY			
					ENTRY #		ASSIGNED SQUAD	
							_ / _ _ :	

TEAM NAME (REQUIRED):					PREFERRED DATE		PREFERRED TIME	
TEAM TYPE: <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="checkbox"/> SCRATCH TEAM					<input type="checkbox"/> 11/09	<input type="checkbox"/> 8:00 am		
					<input type="checkbox"/> 11/10	<input type="checkbox"/> 12 noon		
					<input type="checkbox"/> 11/11	<input type="checkbox"/> 5:00 pm		
					TOURNAMENT USE ONLY			
					ENTRY #		ASSIGNED SQUAD	
							_ / _ _ :	

TEAM NAME (REQUIRED):					PREFERRED DATE		PREFERRED TIME	
TEAM TYPE: <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="checkbox"/> SCRATCH TEAM					<input type="checkbox"/> 11/09	<input type="checkbox"/> 8:00 am		
					<input type="checkbox"/> 11/10	<input type="checkbox"/> 12 noon		
					<input type="checkbox"/> 11/11	<input type="checkbox"/> 5:00 pm		
					TOURNAMENT USE ONLY			
					ENTRY #		ASSIGNED SQUAD	
							_ / _ _ :	

TEAM NAME (REQUIRED):					PREFERRED DATE		PREFERRED TIME	
TEAM TYPE: <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="checkbox"/> SCRATCH TEAM					<input type="checkbox"/> 11/09	<input type="checkbox"/> 8:00 am		
					<input type="checkbox"/> 11/10	<input type="checkbox"/> 12 noon		
					<input type="checkbox"/> 11/11	<input type="checkbox"/> 5:00 pm		
					TOURNAMENT USE ONLY			
					ENTRY #		ASSIGNED SQUAD	
							_ / _ _ :	

TEAM NAME (REQUIRED):					PREFERRED DATE		PREFERRED TIME	
TEAM TYPE: <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input checked="" type="radio"/> MIXED TEAM <input checked="" type="checkbox"/> SCRATCH TEAM					<input type="checkbox"/> 11/09	<input type="checkbox"/> 8:00 am		
					<input type="checkbox"/> 11/10	<input type="checkbox"/> 12 noon		
					<input type="checkbox"/> 11/11	<input type="checkbox"/> 5:00 pm		
					TOURNAMENT USE ONLY			
					ENTRY #		ASSIGNED SQUAD	
							_ / _ _ :	