Registration Form
63rd Annual TNBA Eastern Regional Tournament
November 10-12, 2023
AMF NORFOLK LANES
2441 E. LITTLE CREEK RD
NORFOLK, VA 23518 (757) 583-1571
Additional Information: *www.tnbainc.org*

Teams

Captain's (Submitter's) Name		Senate Represented	
Address			
City		**State**	**Zip**
Email		Email confirmation ☐	**Telephone #**

THERE WILL BE ONE SQUAD ON FRIDAY AY 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	140.00	112.00	56.00	28.00	56.00	4.00
Bowling Fee & Expenses	110.00	88.00	44.00	22.00	44.00	1.00
Total	250.00	200.00	100.00	50.00	100.00	5.00

$50.00 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 21, 2023. 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): $_____ ($250 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: 443-570-7536 or 443-929-3945
Email: tnbaert@gmail.com

FOR ERT USE ONLY

DATE RECEIVED: _____ ☐ EMAIL ☐ FAX ☐ MAIL

DATE PAYMENT RECEIVED: _____ PAYMENT AMOUNT RECEIVED: $_____

CONFIRMATION NO. _____ CONFIRMATION DATE: _____ EMAILED ☐

63rd TNBA EASTERN REGIONAL TOURNAMENT

SUBMITTED BY: _____

Register the following teams:

Team 1

TEAM NAME (REQUIRED):

TEAM TYPE: ◯ MEN'S TEAM ◯ WOMEN'S TEAM ◯ MIXED TEAM **SCRATCH TEAM** ☐

BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2022-23 HI AVG

PREFERRED DATE: ☐ 11/10 ☐ 11/11 ☐ 11/12
PREFERRED TIME: ☐ 8:00 am ☐ 12 noon ☐ 5:00 pm

ENTRY #	ASSIGNED SQUAD
	__ / __ __ : __

Team 2

TEAM NAME (REQUIRED):

TEAM TYPE: ◯ MEN'S TEAM ◯ WOMEN'S TEAM ◯ MIXED TEAM **SCRATCH TEAM** ☐

BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2022-23 HI AVG

PREFERRED DATE: ☐ 11/10 ☐ 11/11 ☐ 11/12
PREFERRED TIME: ☐ 8:00 am ☐ 12 noon ☐ 5:00 pm

TOURNAMENT USE ONLY

ENTRY #	ASSIGNED SQUAD
	__ / __ __ : __

Team 3

TEAM NAME (REQUIRED):

TEAM TYPE: ◯ MEN'S TEAM ◯ WOMEN'S TEAM ◯ MIXED TEAM **SCRATCH TEAM** ☐

BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2022-23 HI AVG

PREFERRED DATE: ☐ 11/10 ☐ 11/11 ☐ 11/12
PREFERRED TIME: ☐ 8:00 am ☐ 12 noon ☐ 5:00 pm

TOURNAMENT USE ONLY

ENTRY #	ASSIGNED SQUAD
	__ / __ __ : __

Team 4

TEAM NAME (REQUIRED):

TEAM TYPE: ◯ MEN'S TEAM ◯ WOMEN'S TEAM ◯ MIXED TEAM **SCRATCH TEAM** ☐

BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2022-23 HI AVG

PREFERRED DATE: ☐ 11/10 ☐ 11/11 ☐ 11/12
PREFERRED TIME: ☐ 8:00 am ☐ 12 noon ☐ 5:00 pm

TOURNAMENT USE ONLY

ENTRY #	ASSIGNED SQUAD
	__ / __ __ : __

Team 5

TEAM NAME (REQUIRED):

TEAM TYPE: ◯ MEN'S TEAM ◯ WOMEN'S TEAM ⦿ MIXED TEAM **SCRATCH TEAM** ☐

BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2022-23 HI AVG

PREFERRED DATE: ☐ 11/10 ☐ 11/11 ☐ 11/12
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ENTRY #	ASSIGNED SQUAD
	__ / __ __ : __