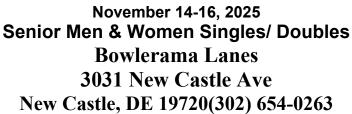


## **Registration Form**











Additional Information: www.tnbainc.org

Captain's (Submitter's) I	Captain's (Submitter's) Name							Senate Represented				
Address												
City						State	Zip					
Email							Telephone #					
THERE WILL BE OI	VE SQUAL	ON FR	IDAY AT	6:00 p.	<u>m.</u>							
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	Entry Fee:					
Prize fund Bowling Fee & Expenses	140.00 110.00	112.00 88.00	56.00 44.00	28.00 22.00	56.00 44.00	4.00 1.00	\$50.00 per person per event Optional All-Events: Handicap and Scratch Divisions ~\$5.00 per division					
Total	250.00	200.00	100.00	50.00	100.00	5.00						
October 17, 2025. 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 payment.  PLEASE COMPLETE: Number Submitted (THIS FORM): Singles/Doubles SCRATCH All-Events HANDICAP All-Events												
TOTAL	AMOUNT DUE	(THIS FORM	1): \$	(\$200 X no.	of S/D + \$5	X no. of A/E	each division)					
<b>PAYMENT METHOD:</b> Certified Check or Money Order must be in U.S. funds payable to: <b>TNBA Eastern Regional Tournament Fund.</b> 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 payment to:  Janeen Morgan, Director  TNBA Eastern Regional Tournament  P.O. Box 303, Sykesville, MD 21784  Phone: 443-570-7536  Email: tnbaert@gmail.com												
FOR ERT USE ONLY												
DATE RECEIVED:		☐ EMAIL	☐ MAIL									
DATE PAYMENT RECEIVED: PAYMENT AMOUNT RECEIVED: \$												
CONFIRMATION NO.	CONFIRM	MATION DA	TE:	EMAILE	D 🗖							

## 65<sup>th</sup> TNBA EASTERN REGIONAL TOURNAMENT

Submitter:													
Register the following Singles/Doubles:													
SINGLES/DOUBLES TYPE:	ALL-	<b>ERT USE ONLY</b>											
SR MEN SR WOMEN	(Both p	oartners 55 ye	EVENTS H- HCP	ENTRY#									
POWLED NAME	TNBA# USBS# SEV			2024-25	S-SCR								
BOWLER NAME	(REQUIRED)	USBC#	SEX	HI AVG	в-вотн								
						ASSIGNED							
						SQUAD							
Preferred Date (Indicate Order by Number)	11/14	11/15	<b>11</b>	/16		/							
Preferred Time (Indicate Order by Number)	7:00 am	12:30 pm		6:00 nm		_:_							
Preferred Time (Indicate Order by Number) U 7:00 am U12:30 pm G:00 pm													
SINGLES/DOUBLES TYPE:	ERT USE ONLY												
SR MEN SR WOMEN	<b>EVENTS</b>	ENTRY#											
	(Both partners 55 years or older)  TNBA# 2024-25				H- HCP S-SCR								
BOWLER NAME	(REQUIRED)	USBC#	SEX	HI AVG	B-BOTH								
			Ī			ASSIGNED							
						SQUAD							
Preferred Date (Indicate Order by Number)	11/14	11/15		1/16		/							
Preferred Time (Indicate Order by Number)	7:00 am	12:30 pm	$\overline{}$	6:00 pm									
Preferred Time (malcate Order by Number)	7.00 am =	⊒ 12.30 pm		0.00 pm									
SINGLES/DOUBLES TYPE:					ALL-	<b>ERT USE ONLY</b>							
SR MEN SR WOMEN	older)	EVENTS H- HCP	ENTRY#										
	TNRA#			2024-25									
BOWLER NAME	(REQUIRED)	USBC#	SEX	HI AVG	S-SCR B-BOTH								
						ASSIGNED							
						SQUAD							
Preferred Date (Indicate Order by Number)	11/14	11/15	11.	/16		,							
Preferred Time (Indicate Order by Number)				6:00 pm									
Preferred Time (mulcate Order by Number)	7.00 am	12.30 pm		0.00 pm									
SINGLES/DOUBLES TYPE:					ALL-	<b>ERT USE ONLY</b>							
SR MEN SR WOMEN	older)	EVENTS	ENTRY#										
	TNBA#			2024-25	H- HCP S-SCR								
BOWLER NAME	(REQUIRED)	USBC#	SEX		в-вотн								
	1					ASSIGNED							
						SQUAD							
Preferred Date (Indicate Order by Number)	11/14	11/15		/									
Preferred Time (Indicate Order by Number)	7:00 am 12:30 pm 6:00 pm				:_								
		•		•									
SINGLES/DOUBLES TYPE:					ALL-	ERT USE ONLY							
SR MEN SR WOMEN	(Both	partners 55 ye	ars or	older)	EVENTS H- HCP	ENTRY#							
DOWN ED NAME	TNBA#	LICEC#	CEV	2024-25	S-SCR								
BOWLER NAME	(REQUIRED)	USBC#	SEX	HI AVG	в-вотн								
						ASSIGNED							
						SQUAD							
Preferred Date (Indicate Order by Number)	11/14	11/15		1/16		/							
Preferred Time (Indicate Order by Number)	7:00 am	12:30 pm		6:00 pm		:							