



The National Bowling Association, Inc. presents

14th Annual TNBA *Eastern Bill Rhodman Memorial Mixed Doubles Scratch*

\$1,200

1st Based on 160 entries

Friday, April 10, 2026

\$100.00 Per Team

Side Tournament

CROSSOVER DOUBLES—\$60 PER TEAM

Crossover partners must be on the same squad

Squad Times

5:00 p.m. and 7:30 p.m.

First squad (5pm) special prize of \$100 to highest score for doubles team

Check-In & Registration

Fri. Apr. 10 4:15 p.m.

Bowlerama Lanes

3031 New Castle Ave. | New Castle, DE 19720 | 302.654.0263



Rhodman Mixed

Tournament Directors

Jeff Baker | tnbajb@gmail.com | 443.420.8416

Kimberly Dandridge-Felton, Asst. T.D.



Host Hotel

Comfort Inn & Suites | 3 Concord Lane, Newark, DE 19713 | 302-737-3900 ext. 103

<https://www.choicehotels.com/reservations/groups/nd39y4>

\$105.49/night + 11% tax

Code: TNBA Rhodman Rate



**STITCHES
&
DYE
Oh My!**

TOURNAMENT RULES---Failure to Read Is No Excuse

1. **Eligibility:** Open to all 2025–2026 TNBA members who are certified by TNBA and USBC. USBC Cert# 08254
 - a. Current or former PBA members are permitted to bowl provided they have not won a national singles or doubles title within the past two (2) years.
2. **Entry:** Entries close April 10, 2026, at 7:30 PM or at the start of the last squad, whichever occurs first. Reserved entries must be accompanied by a certified check, money order, or paid online. A processing fee applies to online entries. No entry will be accepted unless the entry form is fully completed. Personal checks are not accepted. Walk-ins will be accepted if spots are available prior to the start of any squad.
3. **Cancellations:** All entries received and processed are subject to a \$5.00 cancellation fee per entry. No-show entries are non-refundable.
4. **Format:** Three (3) games bowled on one (1) pair of lanes.
5. **Prize Fund:** The prize fund will be paid out 100%, with a 1-in-8 cash ratio. Any bowler receiving prize money of \$2,000.00 or more must submit a completed W-9 form prior to payment. \$60 prize fund & \$40 lineage/expenses.
6. **Tournament Termination:** If the tournament is prematurely terminated due to war, pandemic, national emergency, fire, strike, lockout, labor dispute, or other causes beyond the control of the Bill Rhodman East Classic, prize money will be prorated based on the number of entrants who have bowled.
7. **Rules and Appeals:** Any rule not specifically stated herein will be governed by TNBA and USBC rules. All decisions of tournament management shall be final, except where an appeal is made to USBC for further consideration. Refer to USBC Rule 329 for appeal procedures.
 - a. The Tournament Director reserves the right to refuse or reject any entry.
8. Gender classification will follow USBC rules. Refer to USBC Rule resources. <https://bowl.com/rules/general-resources>

Crossover Doubles

1. **Entry:** Complete the Crossover Doubles entry form on site.
2. **Entry Fee:** \$60.00 per couple. Crossover partners must compete on the same squad. \$54 prize fund & \$6 expenses
3. **Scoring:** The combined score of both partners will determine the total scratch score.
4. **Prize Fund:** The prize fund will be paid out 100%, with a 1-in-8 cash ratio. Any bowler receiving prize money of \$2,000.00 or more must submit a completed W-9 form prior to payment.

SQUAD: **5:00 P.M.** **7:30 P.M.** **CHECK FOR SENIOR TEAM**

 **FEMALE BOWLER:** _____
 **SENIOR DOB:** _____ **TNBA #:** _____ **USBC #:** _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ **EMAIL:** _____

 **MALE BOWLER:** _____
SENIOR DOB: _____ **TNBA #:** _____ **USBC #:** _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ **EMAIL:** _____

TEAM CAPTAIN'S SIGNATURE: _____ **DATE:** _____

Make checks payable to:
TNBA Rhodman Eastern Classic Fund

Date Rec'd: _____
Entry No.: _____

Mail to:
Jeff Baker
c/o TNBA Rhodman Eastern Classic
6030 Marshalee Drive, Suite M #556
Elkridge, MD 21075-5935



TNBA Bill Rhodman Mixed Doubles – CROSSOVER

Please fill out completely, or it will be rejected. Please print clearly.

SQUAD (CHECK ONE): 5:00 P.M. 7:30 P.M. CHECK FOR SENIOR TEAM

 **FEMALE NAME:** _____

 **TNBA MEMBER #:** _____ **USBC MEMBER #:** _____

DATE OF BIRTH: _____ **AGE:** _____
(REQUIRED FOR SENIOR DIVISIONS)

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ **EMAIL:** _____

 **MALE NAME:** _____

TNBA MEMBER #: _____ **USBC MEMBER #:** _____

DATE OF BIRTH: _____ **AGE:** _____
(REQUIRED FOR SENIOR DIVISIONS)

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

I certify that all information provided is accurate and that I have read and agree to abide by all tournament rules.

MAIL ENTRIES TO:

JEFF BAKER
C/O TNBA / RHODMAN EASTERN CLASSIC
6030 MARSHALEE DRIVE, SUITE M #556
ELKRIDGE, MD 21075-5935

TOURNAMENT STAFF USE ONLY

DATE RECEIVED: _____ ENTRY No.: _____