

**Registration Form**  
**66<sup>th</sup> Annual TNBA Eastern Regional**  
**Tournament**

November 13-15, 2026  
 Bowlerama Lanes  
 3031 New Castle Ave  
 New Castle, DE 19720  
 (302) 654-0263

Additional Information: [www.tnbainc.org](http://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 6:00 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	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
<b>Total</b>	<b>250.00</b>	<b>200.00</b>	<b>100.00</b>	<b>50.00</b>	<b>100.00</b>	<b>5.00</b>

**Entry Fee:**  
**\$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 16, 2026. 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): \_\_\_\_\_ 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**  
**Email: [tnbaert@gmail.com](mailto:tnbaert@gmail.com)**

**FOR ERT USE ONLY**

DATE RECEIVED: \_\_\_\_\_  EMAIL  FAX  MAIL

DATE PAYMENT RECEIVED: \_\_\_\_\_ PAYMENT AMOUNT RECEIVED: \$ \_\_\_\_\_

CONFIRMATION NO. \_\_\_\_\_ CONFIRMATION DATE: \_\_\_\_\_ EMAILED

# 66<sup>TH</sup> TNBA EASTERN REGIONAL TOURNAMENT

SUBMITTED BY: \_\_\_\_\_

## Register the following teams:

<b>TEAM NAME (REQUIRED):</b> _____						PREFERRED DATE <input type="checkbox"/> 11/13		PREFERRED TIME <input type="checkbox"/> 7:00 am	
<b>TEAM TYPE:</b> <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="radio"/> <b>SCRATCH TEAM</b> <input type="checkbox"/>						<input type="checkbox"/> 11/14		<input type="checkbox"/> 12:30 pm	
<b>BOWLER NAME</b>		<b>TNBA# (REQUIRED)</b>	<b>USBC#</b>	<b>M/F</b>	<b>2025-26 HI AVG</b>	<input type="checkbox"/> 11/15		<input type="checkbox"/> 6:00 pm	
						<b>ENTRY #</b>		<b>ASSIGNED SQUAD</b>	

<b>TEAM NAME (REQUIRED):</b> _____						PREFERRED DATE <input type="checkbox"/> 11/13		PREFERRED TIME <input type="checkbox"/> 7:00 am	
<b>TEAM TYPE:</b> <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="radio"/> <b>SCRATCH TEAM</b> <input type="checkbox"/>						<input type="checkbox"/> 11/14		<input type="checkbox"/> 12:30 pm	
<b>BOWLER NAME</b>		<b>TNBA# (REQUIRED)</b>	<b>USBC#</b>	<b>M/F</b>	<b>2025-26 HI AVG</b>	<input type="checkbox"/> 11/15		<input type="checkbox"/> 6:00 pm	
						<b>TOURNAMENT USE ONLY</b>			
						<b>ENTRY #</b>		<b>ASSIGNED SQUAD</b>	

<b>TEAM NAME (REQUIRED):</b> _____						PREFERRED DATE <input type="checkbox"/> 11/13		PREFERRED TIME <input type="checkbox"/> 7:00 am	
<b>TEAM TYPE:</b> <input type="radio"/> MEN'S TEAM <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="radio"/> <b>SCRATCH TEAM</b> <input type="checkbox"/>						<input type="checkbox"/> 11/14		<input type="checkbox"/> 12:30 pm	
<b>BOWLER NAME</b>		<b>TNBA# (REQUIRED)</b>	<b>USBC#</b>	<b>M/F</b>	<b>2025-26 HI AVG</b>	<input type="checkbox"/> 11/15		<input type="checkbox"/> 6:00 pm	
						<b>TOURNAMENT USE ONLY</b>			
						<b>ENTRY #</b>		<b>ASSIGNED SQUAD</b>	

<b>TEAM NAME (REQUIRED):</b> _____						PREFERRED DATE <input type="checkbox"/> 11/13		PREFERRED TIME <input type="checkbox"/> 7:00 am	
<b>TEAM TYPE:</b> <input checked="" type="radio"/> <b>MEN TEAM</b> <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="radio"/> <b>SCRATCH TEAM</b> <input type="checkbox"/>						<input type="checkbox"/> 11/14		<input type="checkbox"/> 12:30 pm	
<b>BOWLER NAME</b>		<b>TNBA# (REQUIRED)</b>	<b>USBC#</b>	<b>M/F</b>	<b>2025-26 HI AVG</b>	<input type="checkbox"/> 11/15		<input type="checkbox"/> 6:00 pm	
						<b>TOURNAMENT USE ONLY</b>			
						<b>ENTRY #</b>		<b>ASSIGNED SQUAD</b>	

<b>TEAM NAME (REQUIRED):</b> _____						PREFERRED DATE <input type="checkbox"/> 11/13		PREFERRED TIME <input type="checkbox"/> 7:00 am	
<b>TEAM TYPE:</b> <input checked="" type="radio"/> <b>MEN TEAM</b> <input type="radio"/> WOMEN'S TEAM <input type="radio"/> MIXED TEAM <input checked="" type="radio"/> <b>SCRATCH TEAM</b> <input type="checkbox"/>						<input type="checkbox"/> 11/14		<input type="checkbox"/> 12:30 pm	
<b>BOWLER NAME</b>		<b>TNBA# (REQUIRED)</b>	<b>USBC#</b>	<b>M/F</b>	<b>2025-26 HI AVG</b>	<input type="checkbox"/> 11/15		<input type="checkbox"/> 6:00 pm	
						<b>TOURNAMENT USE ONLY</b>			
						<b>ENTRY #</b>		<b>ASSIGNED SQUAD</b>	