



**Registration Form**  
**64<sup>th</sup> Annual TNBA Eastern Regional**  
**Tournament**  
 November 08-10, 2024  
**MEN SINGLES/DOUBLES**  
**ABC NORTH LANES**  
**5303 LOCUST LANE**  
**HARRISBURG, PA 17109(717) 545-4254**  
 Additional Information: [www.tnbainc.org](http://www.tnbainc.org)



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 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**

**Cancellations/Changes and Refunds:** Fees will be refunded if cancellation or change resulting in a refund is received in writing no later than October 19, 2024. 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):** \$\_\_\_\_\_ (\$200 X no. of S/D + \$5 X no. of A/E each division)

**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 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](mailto:tnbaert@gmail.com)**

**FOR ERT USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_  EMAIL  MAIL

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

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

# 63<sup>rd</sup> TNBA EASTERN REGIONAL TOURNAMENT

**Submitter:** \_\_\_\_\_

**Register the following Singles/Doubles:**

<b>SINGLES/DOUBLES TYPE:</b>					ALL- EVENTS H- HCP S- SCR B- BOTH	<b>ERT USE ONLY</b>
<input type="checkbox"/> MEN	<input type="checkbox"/> SR MEN (Both Partners 55 years or older)					
<b>BOWLER NAME</b>	<b>TNBA# (REQUIRED)</b>	<b>USBC#</b>	<b>SEX</b>	<b>2023-24 HI AVG</b>		
			M			<b>ASSIGNED SQUAD</b>
			M			
Preferred Date (Indicate Order by Number) <input type="checkbox"/> 11/08 <input type="checkbox"/> 11/09 <input type="checkbox"/> 11/10						___/___
Preferred Time (Indicate Order by Number) <input type="checkbox"/> 7:30 am <input type="checkbox"/> 11:30 am <input type="checkbox"/> 5:00 pm						___:___

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