

Senior Teams

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

<u>THERE WILL BE ONE SQUAD ON FRIDAY AT 5:00 p.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	1
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	

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 payments.**

PLEASE COMPLETE:	Indicate Number Submitted (THIS FORM):	SR TEAMS
	TOTAL AMOUNT DUE (THIS FORM): \$	(\$200 x no. of Teams)

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:					
DATE PAYMENT RECEIVED: PAYMENT AMOUNT RECEIVED: \$					
CONFIRMATION NO.	CONFIRMATION DATE: EMAILED				

64th TNBA EASTERN REGIONAL TOURNAMENT

SUBMITTED BY: _____

	Register the	following Se	nior Te	eams:				
TEAM NAME (REQUIRED):							PREFERRED TIME	
	TNBA#	11606#	D.4/F	2023-24	1 11/08			
BOWLER NAME	(REQUIRED)	USBC#	M/F	AVG	11/09		12 noon	
						/10	5:00 pm	
						/10	5.00 pm	
					TOUR		ENT USE ONLY	
					ENTRY # AS		SIGNED SQUAD	
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						_/::		
TEAM NAME (REQUIRED):					1/08	TE PREFERRED TIME - 8:00 a m		
BOWLER NAME	TNBA#	USBC#	M/F	2023-24		1/08		
BOWEEKHAME	(REQUIRED)	0550		AVG	1	1/09	12 noon	
						1/10	5:00 pm	
						.1/10	5.00 pm	
					TOUR	NAME	ENT USE ONLY	
					ENTRY #	AS	SIGNED SQUAD	
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TEAM NAME (REQUIRED):							PREFERRED TIME	
BOWLER NAME	TNBA#	USBC#	M/F	2023-24		1/08	8:00 a m	
BOWLER NAME	(REQUIRED)	USBC#		AVG		1/09	12 noon	
					1	1/10	5:00 pm	
					TOUR	NAME	NT USE ONLY	
					ENTRY # ASSIGNED SQUAD		SIGNED SQUAD	
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TEAM NAME (REQUIRED):				-	PREFERRED DATE			
BOWLER NAME	TNBA#	USBC#	M/F	2023-24	4			
	(REQUIRED)			AVG		11/09	12 noon	
						11/10	5:00 pm	
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							NT USE ONLY	
					ENTRY #	AS	SIGNED SQUAD	
						L	_/:	
						PREFERRED TIME		
TEAM NAME (REQUIRED):				11/08	8:00 a m			
BOWLER NAME	TNBA# (REQUIRED)	USBC#	M/F	2023-24 AVG		11/00	 12 noon	
				740		11/09		
						11/10	5:00 pm	
	ł				TOURNAMENT USE ONLY			
	}							
					ENTRY #	AS	SIGNED SQUAD	
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