



Registration Form
64th Annual TNBA Eastern Regional
Tournament



November 08-10, 2024
WOMEN SINGLES/DOUBLES
ABC EAST LANES
1001 EISENHOWER BLVD
HARRISBURG, PA 17111 (717) 939-9536
 Additional Information: 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
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 fees **MUST** accompany the entry form. **There will be no partial payments.**

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

FOR ERT USE ONLY

DATE RECEIVED: _____ EMAIL FAX MAIL

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

CONFIRMATION NO. _____ **CONFIRMATION DATE:** _____ EMAILED

64th TNBA EASTERN REGIONAL TOURNAMENT

Submitter: _____

Register the following Singles/Doubles:

SINGLES/DOUBLES TYPE:					ALL- EVENTS H- HCP S-SCR B-BOTH	ERT USE ONLY	
<input type="checkbox"/>	WOMEN	<input type="checkbox"/>	SR WOMEN (Both partners 55 years or older)				
BOWLER NAME	TNBA# (REQUIRED)	USBC#	SEX	2023-24 HI AVG		ENTRY #	
			F				
			F			ASSIGNED SQUAD	
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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