

**PLEASE PRINT CLEARLY AND SPELL FULL NAMES CORRECTLY  
ONTARIO TENPIN BOWLING ASSOCIATION**

Division:      ☐ Women      ☐ Men      ☐ Mixed

Local Association Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

**4 Person Team Event**

**SATURDAY** May 18 & 25  
Shifts - 9am, 12pm, 4pm

**SUNDAY** May 19 & 26  
Shifts - 9am, 12pm, 4pm

WE WANT TO BOWL \_\_\_\_\_  
DAY DATE SHIFT

OUR 2nd CHOICE \_\_\_\_\_  
DAY DATE SHIFT

List team members in the order in which they will bowl

	Bowler Name	Scratch (optional)	Gender M / F	CTF Number	Highest Average 2017-2018 (2-A)	If no 2017-2018 Avg (2-B, C, D)
1						
2						
3						
4						

<input type="checkbox"/> Check/Money Order		
<input type="checkbox"/> E-Transfer		
	Handicap	Scratch
4 Person Team	\$	_____
Singles	\$	_____
Doubles	\$	_____
All Events	\$	_____
Total Enclosed	\$	_____

***Doubles and Singles are bowled consecutively, Singles following immediately after Doubles.  
You cannot bowl Doubles or Singles only. You must bowl both events. (see Rule 4)***

**Double and Singles**

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DAY DATE SHIFT

OUR 2nd CHOICE \_\_\_\_\_  
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List team members in the order in which they will bowl

All Events				Bowler Name	Scratch (optional)	Gender M / F	CTF Number	Highest Average 2017-2018 (2-A)	If no 2017-2018 Avg (2-B, C, D)
HDCP	Scratch								
		1							
		2							
		1							
		2							
		1							
		2							

**Tournament Director  
use only**

Date Received	
Amount Received	Entry No
Ok	Refund
4 Person Team Date Assigned	
4 Person Team	
D & S Date Assigned	
D & S Pair	
Checked By:	

\_\_\_\_\_  
Team Captain Signature

**REMEMBER - Multiple participation is possible (See Rule 4)**

**Make cheques payable to Ontario Tenpin Bowling Association**