

2012 PARTICIPANT REGISTRATION FORM

SPECIAL NOTE - confirmation will NOT be supplied unless requested.

Where confirmation of competitors in the same group are to be sent to a SPECIFIC person, please provide relevant contact details.

Name: _____ Phone: (Home or mobile) () _____

Address: _____ Post Code _____

Facsimile: _____ Email: _____

Prize money will only be distributed to bowlers accounts via EFT (unless a bowler makes other arrangements with TBA). To ensure your bowler's receive any Prize money they may be entitled to, please complete their banking details on the Registration Form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

BOWLER 1 This will be my _____ year in the Championships Date of Birth: ____/____/____

Name: _____ TBA Player Registration No: _____

Address: _____ Post Code: _____

Please circle **Male / Female** Average: _____ Mobile: _____

Email: _____ Association/Centre: _____

Home Phone: () _____ I will be staying in the area from ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

To ensure you receive your Prize money, please complete your banking details on this form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

Your entry into the Adult Championship assumes you give your consent to Tenpin Bowling Australia Ltd (TBA), and its agents (including without limitation, any photographer, interviewer, creative agency or media organisation) recording and publishing images of you during this event for promotional purposes.

☐ **Please tick the square and sign below if you DO NOT agree to TBA using any photographs or video footage of you taken at the Championship for publicity and advertising purposes.**

Signed: _____ Print Name: _____

BOWLER 2 This will be my _____ year in the Championships Date of Birth: ____/____/____

Name: _____ TBA Player Registration No: _____

Address: _____ Post Code: _____

Please circle **Male / Female** Average: _____ Mobile: _____

Email: _____ Association/Centre: _____

Home Phone: () _____ I will be staying in the area from ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

To ensure you receive your Prize money, please complete your banking details on this form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

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Signed: _____ Print Name: _____

ALL ENTRY FORMS TOGETHER WITH FEES, MUST BE FORWARDED TO
TENPIN BOWLING AUSTRALIA TOURNAMENT TEAM,
PO Box 244, Albion, Queensland, 4010

All enquiries regarding squad times and changes should be directed to
DENECE JONES - Ph (03) 5823 1841 Fax (03) 5823 1841, Email: denece@bigpond.net.au

2012 PARTICIPANT REGISTRATION FORM

BOWLER 3 This will be my _____ year in the Championships Date of Birth: ____/____/____

Name: _____ TBA Player Registration No: _____

Address: _____ Post Code: _____

Please circle **Male** / **Female** Average: _____ Mobile: _____

Email: _____ Association/Centre: _____

Home Phone: () _____ I will be staying in the area from ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

To ensure you receive your Prize money, please complete your banking details on this form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

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☐ **Please tick the square and sign below if you DO NOT agree to TBA using any photographs or video footage of you taken at the Championship for publicity and advertising purposes.**

Signed: _____ Print Name: _____

BOWLER 4 This will be my _____ year in the Championships Date of Birth: ____/____/____

Name: _____ TBA Player Registration No: _____

Address: _____ Post Code: _____

Please circle **Male** / **Female** Average: _____ Mobile: _____

Email: _____ Association/Centre: _____

Home Phone: () _____ I will be staying in the area from ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

To ensure you receive your Prize money, please complete your banking details on this form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

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Signed: _____ Print Name: _____

BOWLER 5 This will be my _____ year in the Championships Date of Birth: ____/____/____

Name: _____ TBA Player Registration No: _____

Address: _____ Post Code: _____

Please circle **Male** / **Female** Average: _____ Mobile: _____

Email: _____ Association/Centre: _____

Home Phone: () _____ I will be staying in the area from ____/____/12 to ____/____/12

Name of Financial Institution: _____ Branch: _____

BSB Number: _____ Account Name: _____ Account Number: _____

To ensure you receive your Prize money, please complete your banking details on this form or complete an EFT form available from the Tournament Room. Bowlers who fail to provide the required account details may miss out on receiving any Prize Fund.

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Signed: _____ Print Name: _____

TEAMS ENTRYADULT ☐SENIORS ☐

ENTRY No.

| | | | | |
|------------|------------|-------------------------------|---------------------------------|--------------------------------|
| TEAM NAME: | | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | MIXED <input type="checkbox"/> |
| Office Use | Full Names | Highest Average | TEAM SQUAD TIMES | |
| | | | Date | Time |
| | | | Pref 1 | |
| | | | Pref 2 | |
| | | | TOTAL ENTRY COST \$175 | |
| | | | AMOUNT REMITTED \$ | |
| GRADE: | | TOTAL AVERAGE | | |

DOUBLES ENTRYADULT ☐SENIORS ☐

ENTRY No.

| | | | | |
|---|------------|-------------------------------|---------------------------------|--------------------------------|
| | | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | MIXED <input type="checkbox"/> |
| Office Use | Full Names | Highest Average | DOUBLES SQUAD TIMES | |
| | | | Date | Time |
| | | | Pref 1 | |
| | | | Pref 2 | |
| Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted. | | | | |
| AMOUNT REMITTED: \$ | | GRADE: | | |

SINGLES ENTRYADULT ☐SENIORS ☐

ENTRY No.

| | | | |
|---|------------|-------------------------------|---------------------------------|
| | | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| Office Use | Full Names | Highest Average | SINGLES SQUAD TIMES |
| | | | Date Time |
| | | | Pref 1 |
| Qualifying fees for Restricted Cup, Seniors Cup, Classic Cup and Masters must be paid at squad Check In. No pre paid fees will be accepted. | | | Pref 2 |
| AMOUNT REMITTED: \$ | | GRADE: | |

ALL EVENTS ENTRY

| Office use | Full Name | M/F | Highest Average | Grade | Amount | Adult or Senior | Entry Number |
|------------|-----------|-----|-----------------|-------|--------|---|--------------|
| | | | | | | A <input type="checkbox"/> S <input type="checkbox"/> | |
| | | | | | | A <input type="checkbox"/> S <input type="checkbox"/> | |
| | | | | | | A <input type="checkbox"/> S <input type="checkbox"/> | |
| | | | | | | A <input type="checkbox"/> S <input type="checkbox"/> | |
| | | | | | | A <input type="checkbox"/> S <input type="checkbox"/> | |

All cheques to be made payable to Tenpin Bowling Australia Tournament Account
**** a fee of 3.5% of the transaction value will be added to all credit card transactions.**

CARDHOLDER'S INFORMATION - Please debit the amount of \$ _____

[] Mastercard Cardholder's name: _____

[] Visa Card exp. ____/____ Transaction Date: ____/____/____

Card No. _____ - _____ - _____ - _____