



THE NATIONAL BOWLING ASSOCIATION

49th Annual Eastern Regional Tournament



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

Please PRINT or TYPE all Information
**ALL CHANGES TO APPLICATIONS
 MUST BE MADE IN WRITING.**
 (No changes will be made by
 telephone)

TOURNAMENT USE ONLY	
Date Received	Amt. Received
Amt. Required	Balance Due

(Please select 3 choices, Indicate with 1, 2, & 3)

DATE	TEAMS SQUAD TIMES			
	7 AM	11 AM	4 PM	8 PM
FRI, NOV 13				
SAT, NOV 14				
SUN, NOV 15				

TEAM EVENT – (List Bowlers in Position order) • Team Fee \$150.00

TEAM TYPE (Indicate Men, Women, or Mixed) Men Mixed Women

TEAM NAME (Required)

TNBA NUMBER IS NECESSARY FOR PROCESSING - ALL ENTRIES MUST BE COMPLETE

TNBA#	USBC#	BOWLER NAME	M/F	COMPLETE ADDRESS	08-09 HI AVG
1.					
2.					
3.					
4.					
5.					

THIS FORM IS NOT TO BE USED FOR MIXED DOUBLES

SINGLES & DOUBLES EVENT - • Singles/Doubles Fee \$120.00 per pair

ALL EVENTS - • Fee \$5.00 Handicap/\$5.00 Scratch each per bowler

Bowlers averaging 220 and over MAY NOT enter handicapped All Events

(Please select 3 choices, Indicate with 1, 2, & 3)

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TNBA#	USBC#	BOWLER NAME	M/F	COMPLETE ADDRESS	08-09 HI AVG	All Events	
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2.							
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