

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 # _____

SATURDAY May 17 & 24
 Shifts - 9am, 12pm, 4pm

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

TEAMS

WE WANT TO BOWL: _____ at _____
 OUR 2nd CHOICE: _____ at _____

List team members in the order in which they will bowl

Highest Average

	Bowler Name	Gender	CTF Number	2023-2024 (2 A)	If no 2023-2024 Avg (2-B, C, D)
1					
2					
3					
4					

SATURDAY May 17 & 24
 Shifts - 9am, 12pm, 4pm

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

DOUBLES

WE WANT TO BOWL: _____ at _____
 OUR 2nd CHOICE: _____ at _____

List team members in the order in which they will bowl

Highest Average

	Bowler Name	Gender	CTF Number	2023-2024 (2 A)	If no 2023-2024 Avg (2-B, C, D)
1					
2					
1					
2					

SATURDAY May 17 & 24
 Shifts - 9am, 12pm, 4pm

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

SINGLES

WE WANT TO BOWL: _____ at _____
 OUR 2nd CHOICE: _____ at _____

List team members in the order in which they will bowl

Highest Average

All Events HDCP		Bowler Name	Gender	CTF Number	2023-2024 (2 A)	If no 2023-2024 Avg (2-B, C, D)
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					

<input type="checkbox"/> Cheque/Money Order	
<input type="checkbox"/> E-Transfer	
	Monies Due
4 Person Team \$	
Singles \$	
Doubles \$	
All Events \$	
Total Enclosed \$	
Total \$	

Tournament Director use only	
Date Received	
Amount Received	
Entry No.	
Teams	
Doubles	
Singles	

*****REMEMBER - NEW FORMAT FOR DOUBLES AND SINGLES*****

Make cheques payable to Ontario Provincial Tournament