

2006-2007 LEAGUE REGISTRATION FORM

BOWLING CENTRE: _____ LEAGUE NAME: _____
LEAGUE SECRETARY: _____
ADDRESS: _____ CITY: _____
POSTAL CODE: _____ TELEPHONE: { } _____
E-MAIL ADDRESS: _____

LEAGUE STATISTICS

Please fill out the league information requested below as completely and accurately as possible.

100% Membership League: Yes () No () "New" 2-4-1 League: Yes () No ()

Total No. of Bowlers in League: _____ Total No. of Members in League: _____

Men's League: _____ Ladies' League: _____ Mixed League: _____

Sr. Citizen's League: _____ Special Olympics Ontario (SOO) League: _____

Other (**Please Specify**): _____

MEMBERSHIP CARD REQUISITION

As per the attached Membership List,
Number of Members in this League
Please issue.....

_____ Number of Cards

As per the attached Membership List,
Number of Duplicate Members in this League
(**No membership card will be issued**)

_____ Duplicate Members

Total Number of Bowlers Registered in League
(**Number of Cards Issued + Duplicate Members**)

_____ Total Members

ZONE/DECENTRALIZED ASSOCIATION: _____

MEMBERSHIP CHAIR: _____ DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE SENT TO TRUCA\$H _____