

# 2009-2010 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 (    )

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 SUMMARY

As per the attached Membership List, Number of Tournament Members in this League	_____	Number of Tournament Members
As per the attached Membership List, Number of Regular Members in this League	_____	Number of Regular Members
As per the attached Membership List, Number of Senior/SOO/Blind/YBC (Under 18) Members	_____	Number of Senior/SOO/Blind YBC (Under 18) Members
As per the attached Membership List, Number of Graduated YBC Senior Members in this League	_____	Number of Graduated YBC Senior Members
As per the attached Membership List, Number of Duplicate Members in this League	_____	Duplicate Members
Total Number of Bowlers Registered in League ( <b>Number of Members + Duplicate Members</b> )	_____	Total Members

ZONE/DECENTRALIZED ASSOCIATION: \_\_\_\_\_

MEMBERSHIP CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_