

# 2004-2005 LEAGUE REGISTRATION FORM

BOWLING CENTRE: \_\_\_\_\_ LEAGUE NAME: \_\_\_\_\_

SECRETARY'S NAME: \_\_\_\_\_

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 \_\_\_\_\_

Men's League \_\_\_\_\_    Ladies' League \_\_\_\_\_    Mixed League \_\_\_\_\_

Sr. Citizen's League \_\_\_\_\_    Ont. Special Olympics League \_\_\_\_\_

Other (**Please Specify**) \_\_\_\_\_

Total Number of Bowlers in your League \_\_\_\_\_

## MEMBERSHIP CARD REQUISITION

As per the attached Membership List,  
Please issue.....

\_\_\_\_\_ Number of Cards

List the number of Duplicate Members  
Bowling in this League.....

\_\_\_\_\_ Duplicate Members

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

\_\_\_\_\_ Total Members

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

MEMBERSHIP CHAIR'S NAME: \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

DATE SENT TO TRUCA\$H: \_\_\_\_\_