

2005-2006 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 _____ Ont. Special Olympics 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: _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE SENT TO TRUCA\$H _____