



# CTF REGISTERED PARTICIPANT APPLICATION

Temporary Receipt



League Name

Bowling Centre

Bowler ID #

CTF ID #

Last Name

First Name

Initial

Full Name

Male

Female

Mailing Address

Apt. #

League Name

City

Prov

Postal Code

Phone #

Date of Birth (MM/DD/YY)

Email address

Dues paid through this league

Dues paid through other league

Name of Other League

\$

Signature

Date

Amount of Dues Paid

I ONLY WISH TO RECEIVE HONOUR SCORE AWARDS (NO SPECIAL ACHIEVEMENT AWARDS)

**YES, I authorize CTF to give my email address to any of its approved marketing partners. YES,**

I wish to make a donation to Team Canada

Amount donated: \$

Please give your donation to your League Secretary for processing

If you do not receive your CTF identification card within 45 days, contact your Local Association

Signature of League Secretary

Valid for 45 days from

Date