# 2021 Team Canada Application

**Masters (formerly Seniors) ALTERNATE POSITION ONLY**

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| **Personal Information** | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | |
| **CTF ID #:** | |  | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | |  |
|  | | Street Address | | | | | | | | | | | | Apt. # |
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|  | | City | | | | | | | Province | | | | | Postal Code |
| **Phone #:** | |  | | | | | **Alternate Phone #:** | | | |  | | | |
| **Email Address:** | | |  | | | | | | | | | | | |
| **Birthdate:** | |  | | | | **R/L Handed or**  **Both** | | | | | | | Right  Left | |
| **College/University Attended:** | | | |  | | | | | | | | | | |
| **Year of Graduation/Degree Earned:** | | | | |  | | | | | | | | | |
| **Occupation:** | |  | | | | | | **Employer:** | |  | | | | |
| **Bowling Information** | | | | | | | | | | | | | | |
| **How many CTTs have you competed in over the last 5 years?** | | | | | | | | | | | |  | | |
| **Did you compete in the 2021 CTTs? Cancelled because of Covid** | | | | | | | | | | | | Yes  No | | |
| **If No, why not?** | |  | | | | | | | | | | | | |
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| **When did you last compete at the Canadian Team Trials (formerly Canadian National Championships)?** | | | | | | | | | | | |  | | |
| **Are you currently a CTF Registered Participant?** | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | If “no”, add $30 affiliate fee to the application fee enclosed. | | |
| **Are you or have you ever been a member of a**  **Professional Bowling Organization?** | | | | | | | | | | | | Yes  No | | |
| **If yes, which organization?** |  | | | | | | | | | | | | | |
| **Are you able to obtain time off work/school, in case the**  **National Team has more than one event to attend?** | | | | | | | | | | | | Yes  No | | |

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| **Accomplishments** | | | | | | | | | |
| **List Team Canada and/or international competitions you have competed in: Last 5 years** | | | | | | | | | |
| **Event Title/Year** | | **Finish/Place** | | | **Event Title/Year** | | | **Finish/Place** | |
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| **This information will be provided to the CTF National Selection Committee to assist it in determining the additional athletes to be chosen for TEAM CANADA. If you would like to submit additional information for the Committee’s review, please attach it to this application.** | | | | | | | | | |
| **Payment made by**  Cheque/Money Order  Credit Card | | | | | | | | | |
| **If paying by credit card, please complete the following:** | | | | | | | | | |
|  | Visa | |  | MasterCard | |  | American Express | | |
| Name on Card: | | |  | | | | | | |
| Card Number: | | |  | | | | | | |
| Expiration Date: | | |  | | CVV # (found on back of card) | | | |  |
| **DEADLINE FOR APPLICATIONS IS August 14,2021** | | | | | | | | | |
| **Forward completed application form to High Performance Director c/o Jane Vetero**  **email:** [selections@tenpincanada.com](mailto:selections@tenpincanada.com) Candidatures - Équipe du Canada 2021 **Masters (anciennement Séniors) UNIQUEMENT POUR REMPLACEMENT**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Renseignements personnels** | | | | | | | | | | | | | | | | **Nom:** |  | | | | | | | | | | | | | | | **# ID FCDQ** |  | | | | | | | | | | | | | | | **Adresse:** |  | | | | | | | | | | | | |  | |  | Rue | | | | | | | | | | | | | Apt. # | |  |  | | | | | | | |  | | | | |  | |  | Ville | | | | | | | | Province | | | | | Code postal | | **No de tél.:** |  | | | | | | **Autre no de tél. :** | | | |  | | | | | **Adresse courriel:** | |  | | | | | | | | | | | | | | **Date, naissance** |  | | | | | **Droitier/Gaucher ou  les 2** | | | | | | | Droitier  Gaucher | | | **Collège/Université fréquenté:** | | | |  | | | | | | | | | | | | **Diplôme et Année d’obtention:** | | | | |  | | | | | | | | | | | **Occupation:** |  | | | | | | | **Employeur :** | |  | | | | | | **Renseignements - Quilles** | | | | | | | | | | | | | | | | **Dans combien d’ÉSC avez-vous compétitionné depuis les 5 dernières années?** | | | | | | | | | | | |  | | | | **Avez-vous participé aux ESC de 2021? Annulées en raison du COVID** | | | | | | | | | | | | oui  non | | | | **Si non, pourquoi pas?** |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | **Qu’elle fut votre dernière participation aux Épreuves de Sélection Canadiennes (anciennement les Championnats Nationaux Canadiens)?** | | | | | | | | | | | |  | | | | **Êtes –vous actuellement un participant inscrit de la FCDQ?** | | | | | | | | | | | | oui  non | | | |  | | | | | | | | | | | | Si “non”, ajouter 30$ de frais complémentaires à la demande de frais incluse. | | | | **Êtes-vous ou avez-vous déjà été membre d’une organisation professionnelle de quilles?** | | | | | | | | | | | | oui  non | | | | **Si oui, laquelle?** | | |  | | | | | | | | | | | | | **Est-il possible pour vous de vous libérez du travail/école, si l’équipe nationale doit participer à plus d’un évènement?** | | | | | | | | | | | | oui  non | | | | | | | | | | | | |

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| **Accomplissements** | | | | | | | | | |
| **Inscrire les compétitions de l’Équipe du Canada et/ou internationales dans lesquelles vous avez participé :** | | | | | | | | | |
| **Évènement/Année** | | **Position finale** | | | **Évènement/Année** | | | **Position finale** | |
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| **Ces informations seront transmises au comité national de sélection de la FCDQ, afin de l’aider à déterminer les athlètes additionnels à être choisis pour former l’ÉQUIPE du CANADA. Si vous désirez soumettre des renseignements supplémentaires, veuillez les joindre à cette demande.** | | | | | | | | | |
| **PAIEMENT AVEC**  Chèque/Mandat  Carte de crédit | | | | | | | | | |
| **Si vous payer avec la carte de crédit, veuillez compléter ce qui suit :** | | | | | | | | | |
|  | Visa | |  | MasterCard | |  | American Express | | |
| Nom sur la carte: | | |  | | | | | | |
| Numéros sur la carte: | | |  | | | | | | |
| Date d’expiration: | | |  | | CVV # (à l’arrière de la carte) | | | |  |
| **LA DATE LIMITE DES CANDIDATURES EST LE 14 Août 2021** | | | | | | | | | |
| **Faire parvenir ce formulaire à l’unité de la Haute Performance a/s de Jane Vetero**  **Courriel : selections@tenpincanada.com** | | | | | | | | | |