



*Youth
Nationals*

*Canadian Tenpin Federation, Inc.
Fédération Canadienne des Dix-Quilles, Inc.*

OFFICIAL ENTRY FORM – Canadian Youth Championships
Please Print Clearly

Name _____

Address _____

Phone # () _____

E-mail address _____

City _____ **Postal Code** _____

Date of Birth: Year _____ **Month** _____ **Day** _____

Gender: _____

Division: Bantam _____ **Junior** _____ **Intermediate** _____
Senior _____

Years bowling _____ **Number of leagues** _____ **Highest
League Average** _____

Highest Scratch Series _____ **Highest Scratch Single** _____

Tournament/ League Accomplishments: Last 3 years only.

If more space is required, please use back of sheet.



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GENERAL WAIVER AND RELEASE

TOURNAMENT ATTENDING:

Canadian Youth Championships– Winnipeg, Manitoba

KNOW TO ALL PERSONS BY THESE PRESENT, That I (please print)

Parent or Legal Guardian _____

Address in Full including Postal Code: _____

Application for: (son or daughter’s full name)

I certify that I am of legal age and one of the legal guardians of the applicant, that I have read and understand this consent and release, and that I also read and understood the rules and conditions of the stated Tournament that my son or daughter plans to attend. In consideration of the acceptance of the application of my child or ward by his/her ASSOCIATION and by the SPONSORING ASSOCIATION(s) or ORGANIZATIONS, I hereby (1) give permission for my child or ward to enter and participate in all activities, incidental thereto of the stated tournament (2) In the event of any mishap, illness and or injury, I hereby remise, release and forever discharge the **Canadian Tenpin Federation** and its assigns from all manner of actions, claims and demands, whatsoever during participation and to include all functions, tours and banquets authorized by the hosting Province.

**TOURNAMENT DATE(s) May 18 – May 23, 2022
(Including Travel Days)**

Dated this _____ day of _____, 2022

Signature of Parent / Legal Guardian

Signature of Competitor



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COACHES AND TEAM MANAGER INFORMATION

PROVINCE _____

COACH'S NAME _____ **NCCP#** _____

COACH'S NAME _____ **NCCP#** _____

COACH'S NAME _____ **NCCP#** _____

TEAM MANAGER'S NAME _____

CELL PHONE NO. () _____

**All forms need to be sent to Tournament Manager no later than
March 15, 2022**

**Mail - 87 Ambassador Village Estevan Sask. S4A 2R5
Or email – bboyle@tenpincanada.com & ctf@tenpincanada.com**