|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CTF REGISTERED PARTICIPANT APPLICATION** | | | | | | | | | |  | **Temporary Receipt** |
|  | | | | |  | | | | | |  |  |
| League Name | | | | | Bowling Centre | | | | | |  | Bowler ID # |
|  | |  | | | |  | | | |  |  |  |
| CTF ID # | | Last Name | | | | First Name | | | | Middle Initial |  | Full Name |
| Male | |  | | | | | | | |  |  |  |
| Female | | Mailing Address | | | | | | | | Apt # |  | League Name |
|  | | | |  | | |  | |  | |  |  |
| City | | | | Prov. | | | Postal Code | | Phone # | |  |  |
|  | | | |  | | | | | | |  | If you do not receive your |
| Date of Birth (MM/DD/YY) | | |  | Email Address | | | | | | |  | CTF identification card within 45 days |
| Dues paid through this league | | | |  | | | | | | |  | Contact your Local Association. |
| Dues paid through other league | | | | Name of Other League | | | | | | |  |  |
|  | | | | |  | | | $ | | |  | Signature of League Secretary |
| Signature | | | | | Date | | | Amount of Dues Paid | | |  |  |
| **I ONLY WITH TO RECEIVE HONOUR SCORE AWARDS (NO SPECIAL ACHIEVEMENT AWARDS)** | | | | | | | | | | |  | Valid for 45 days from |
| **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 | | | | | | | | | | |  | Date |