



# 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 # \_\_\_\_\_

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