|  |  |  |  |
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|  | **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 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 # |  |  |
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| [ ]  Male  |       |       |  |       |
| [ ]  Female | Mailing Address | Apt # |  | League Name |
|       |       |       |       |  |  |
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