

2019 – 19th ANNUAL SAVANNAH SENATE OF TNBA MIXED TEAM, MIXED DOUBLES TOURNAMENT

Squad Times - Teams First Choice (Team Date/Time)		Squad Times - Doubles First Choice (Doubles Date/Time)		Entry Number	Do Not Write in this Space	
Saturday, Jan. 12 th <input type="checkbox"/>	1:00 PM <input type="checkbox"/> 8:00 AM <input type="checkbox"/> 11:00AM <input type="checkbox"/> 4:00 PM <input type="checkbox"/> 4:00PM <input type="checkbox"/>	Sunday, Jan. 13 th <input type="checkbox"/>	8:30 AM <input type="checkbox"/> 11:00 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/>			Amt Rec'd TM \$ _____
Saturday, Jan. 19 th <input type="checkbox"/>	11:00AM <input type="checkbox"/>	Sunday, Jan. 20 th <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	DOU \$ _____		OHDPCS _____
Saturday, Jan. 26 st <input type="checkbox"/>	Second Weekend Only	Sunday, Jan. 27 st <input type="checkbox"/>	3:00 PM <input type="checkbox"/>	OHDPCS \$ _____		TM-Squad # _____
				DATE REC'D _____		DOU/OHDPCS-Squad # _____

2nd Choice (Team Date) _____ 2nd Choice (Doubles Date) _____
 (Team Time) _____ (Doubles Time) _____

PLEASE MAKE TWO CHOICES TO EXPEDITE PROCESSING

TEAM NAME _____ SENATE _____ CITY _____ STATE _____

Official Team Line Up (Please Type or Print)	Sex M F	<u>Address for EACH BOWLER</u> (REQUIRED) (Please Type or Print)	Social Security No. (Required for Winners) of \$300.00 or more Prior to your check being mailing out	17/18 Highest Avg	USBC Associate No.	TNBA No	Jacket Size	
1.								
2.								
3.								
4.								
Doubles Line Up (Please Type or Print)	SEX	<u>Address for EACH BOWLER</u> (REQUIRED) (Please Type or Print)	Social Security No. (Required for Winners) of \$300.00 or more Prior to your check being mailing out	17/18 Highest Avg	USBC Associate No.	TNBA No.	Optional HDCP Singles \$10	Jacket Size
1A.	M							
2A.	F							
1B.	M							
2B.	F							

We hereby certify to the correctness of the above entry, and agree to abide by the Tournament Rules.
 Signature of Team Captain: _____
 Print Team Captain's Name: _____ Tele () _____
 Signature of Coordinator _____ Tele () _____
 Address: _____
 City: _____ State: _____ ZIP: _____

YOUR ENTERING AVERAGE MUST BE VERIFIED BY YOUR LOCAL ASSOCIATION MANAGER OR YEARBOOK
 Signature of Association Manager: _____
 Print Association Manager's Name: _____ Tele () _____
 Address: _____
 City: _____ State: _____ ZIP: _____

EMAIL ADDRESS

**MAKE CERTIFIED CHECKS OR MONEY ORDERS (ONLY) PAYABLE TO THE SAVANNAH SENATE TNBA
 MAIL ENTRIES TO: Folzial Hall Tournament Director P. O. Box 1016 Hinesville, GA. 31310**

If Senate President or Senate Tournament Director's name is listed above, please place name(s) here also: _____