

**2020 – 20<sup>th</sup> 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. 11 <sup>th</sup> <input type="checkbox"/>	1:00 PM <input type="checkbox"/> 8:00 AM <input type="checkbox"/>	Sunday, Jan. 12 <sup>th</sup> <input type="checkbox"/>	8:30 AM <input type="checkbox"/>			Amt Rec'd TM \$ _____
Saturday, Jan. 18 <sup>th</sup> <input type="checkbox"/>	11:00AM <input type="checkbox"/> 4:00 PM <input type="checkbox"/>	Sunday, Jan. 19 <sup>th</sup> <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	DOU \$ _____		OHDPCS _____
Saturday, Jan. 25 <sup>st</sup> <input type="checkbox"/>	4:00PM <input type="checkbox"/> Second Weekend Only	Sunday, Jan. 26 <sup>st</sup> <input type="checkbox"/>	3:00 PM <input type="checkbox"/>	OHDPCS \$ _____		TM-Squad # _____
				DATE REC'D _____		DOU/OHDPCS-Squad # _____

2<sup>nd</sup> Choice (Team Date) \_\_\_\_\_ 2<sup>nd</sup> 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	Address for <i>EACH BOWLER</i> <b>(REQUIRED)</b> (Please Type or Print)	Social Security No. (Required for Winners) of \$300.00 or more Prior to your check being mailing out	18/19 Highest Avg	USBC Associate No.	TNBA No	Jacket Size	
1.								
2.								
3.								
4.								
Doubles Line Up (Please Type or Print)	SEX	Address for <i>EACH BOWLER</i> <b>(REQUIRED)</b> (Please Type or Print)	Social Security No. (Required for Winners) of \$300.00 or more Prior to your check being mailing out	18/19 Highest Avg	USBC Associate No.	TNBA No.	Option al 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 ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_ Tele ( ) \_\_\_\_\_  
 Print Coordinator Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Coordinator Email**

**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**