

## **CENTRAL ALBERTA 5 PIN BOWLERS ASSOCIATION**

## YOUTH CHALLENGE CHAMPIONSHIP

## **Entry Form**

| By completing this form, you acknowledge that you have reviewed and agree to abide by the Tournament<br>Rules and Regulations as posted in your bowling centre or found on the Central Alberta 5 Pin Bowlers'<br>Association website at <u>centralalberta5pin.com</u> <b>or email <u>gen@centralalberta5pin.com</u></b> |   |   |                 |              |  |
|---|---|---|-----------------|--------------|--|
| Name ( <u>PLEASE PRINT</u> ):   |   |   |                 |              |  |
| Gender:   |   |   |                 |              |  |
| Address:  |   | ( | City:           | Postal Code: |  |
| E-mail address (either<br>yours or your parents.):<br>If you/they have e-mail,<br>please supply it.   | Note: If you are unable to supply an e-mail address, then responsibility falls on<br>the bowler to contact the coach for all information and instructions regarding<br>practice, provincials, travel plans and reimbursement. |   |                 |              |  |
| Telephone Number:   | ()  |   |                 |              |  |
| Birth date:   | Day Month Year<br>Must be twelve (12) years of age and not yet nineteen (19) years of age as of<br>DECEMBER 31 <sup>st</sup>  |   |                 |              |  |
| Alberta Health Care #:  |   |   |                 |              |  |
| C5 Membership Number:   |   |   | Bowling Centre: |              |  |

Entry fee: \$ 70.00 plus C5PBA card. Proof of membership, residency and age required at Championships

## All Central 5 Pin events are following current Health Regulations and are subject to change.

I have read and agree to abide by the rules and decisions of the Central Alberta 5 Pin Bowlers' Association Youth Challenge Championships committee. If you are under 18 years of age, then a Parent/Guardian signature is required.

| Entrant's Signature:         | Legal Parent or<br>Guardian Signature: |  |
|------------------------------|--|--|
| Date:                        | Date:                                  |  |
| Emergency Contact –<br>Name: | Emergency Contact –<br>Phone Number:   |  |

Send entry form and entry fee (do not send cash in the mail) to

| Tournament Chair | Cindy Seifried | Address: Box 997, Blackfalds, TOM OJO |
|------------------|----------------|---------------------------------------|
|                  |                | Email: Pres@centralalberta5pin.com    |

Please make cheques payable to "Central Alberta 5 Pin Bowlers' Association" E-transfers can be made to pres@centralalberta5pin.com

Office use only Date Received: \_\_\_\_\_ Cash: \_\_\_\_ Cheque #: \_\_\_\_\_ E-Transfer: \_\_\_\_