



Canadian Tenpin Federation, Inc.
Fédération Canadienne des Dix-Quilles, Inc.

CTF Mixed Championship BID APPLICATION

Please complete the form as thoroughly as possible and include additional information or sheets as required. This form should then be forwarded to Elaine Yamron vicepresident@tenpinCanada.com once completed.

1. We wish to submit our bid for the CMC being held in November 2020 and November 2021, with the understanding that this date may change to coincide with the AGM.
2. Name of person submitting bid: _____
3. Organization represented: _____
4. Mailing Address: _____
5. Telephone number :
Day: _____
Eve: _____
Cell: _____
Fax: _____
6. E-mail Address: _____
7. City where CMC will be held: _____
8. Applicants experience with hosting Bowling events:
(briefly describe) _____



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Bowling Centre Worksheet

Name of Bowling Centre: _____

Bowling Centre Address: _____

City: _____

Province: _____

Postal Code: _____ Telephone: _____

Manager's Name: _____

Bowling centre agrees to create flexible scheduling to accommodate the tournament which may include canceling or rescheduling league play.

YES _____

NO _____

Number of lanes: _____

Brand of Pinsetters: _____

Brand of automatic scorers: _____

Brand of pins and their weight: _____

Type of lane surface: _____

Last date of resurfacing and/or installation: _____

Compatible with Lexar Software: _____

PA system has the following: Cordless microphone _____ CD Player _____

Cassette Player _____ VCR _____

Other:



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Price per game for this tournament including tax: _____

Price for practice game including tax: _____

Fire Code Capacity: _____ Parking lot capacity: _____

Is the centre handicap accessible: Yes _____ No _____

Does the centre have a proshop: Yes _____ No _____

Can the bowling centre provide space for the following:

Sales Display: _____ Reception Desk: _____

Registration Desk: _____ Scoreboard(s): _____

Does the bowling centre have a restaurant or snackbar: Yes _____ No _____

Is the bowling centre CTF certified: Yes _____ No _____

If No, please state why?

Signature of Bowling Centre Manager: _____

Date: _____

Please attach a list of hotels, attractions and restaurants in the area of the bowling centre along with their mileage and travel time to the centre. Also list mileage and travel time from bowling centre to major airport and area venue.

Please note CTF will book host hotel.

Contact Name/Signature: _____