



CTF REGISTERED PARTICIPANT APPLICATION

Temporary Receipt



League Name		Bowling Centre	
CTF ID #	Last Name	First Name	Initial
<input type="checkbox"/> Male	Mailing Address		Apt. #
<input type="checkbox"/> Female			
City	Prov	Postal Code	Phone #
Date of Birth (MM/DD/YY)	Email address		
<input type="checkbox"/> Dues paid through this league	Name of Other League		\$
<input type="checkbox"/> Dues paid through other league			
Signature	Date	Amount of Dues Paid	
<input type="checkbox"/> I ONLY WISH TO RECEIVE HONOUR SCORE AWARDS (NO SPECIAL ACHIEVEMENT AWARDS)			
<input checked="" type="checkbox"/> YES, I authorize CTF to give my email address to any of its approved marketing partners. YES,			
<input type="checkbox"/> I wish to make a donation to Team Canada	Amount donated: \$		
Please give your donation to your League Secretary for processing			

Bowler ID #
Full Name
League Name
If you do not receive your CTF identification card within 45 days, contact your Local Association
Signature of League Secretary
Valid for 45 days from
Date



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