**ZONE MANAGER INFORMATION**

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| --- | --- |
| Zone: |  |
| Manager’s Name: |  |
| e-Mail: |  |
| Phone: |  |

The next page submitted by all teams taking part in the event as well as the Liability Waiver Form both of which must be submitted at least 14 days prior to the event allowing the host to get names setup in their computer system.

The number of teams eligible from each zone will vary depending on the host bowling centre size and availability.

**BOWLER REGISTRATION FORM**

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| Bowling Center: |  |
| League: |  |

**Bowler 1** (who will bowl first during the event)

|  |  |
| --- | --- |
| Name:  | Phone: ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ |
| Address: | City: |
| Highest League Average as of March 25, 2017 | C5PBA #: |

**Bowler 2** (who will bowl last during the event)

|  |  |
| --- | --- |
| Name:  | Phone: ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ |
| Address: | City: |
| Highest League Average as of March 25, 2017 | C5PBA #: |

I have read and hereby agree to abide by all [rules](http://www.c5pba.ca/tournament/posts/1156383324_f/High-Low%20Rules%202006-07.pdf) as stated. I understand that failure to do so or to present inaccurate averages will result in immediate disqualification.

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| --- | --- |
| Signature Bowler 1: | Date: |
| Signature Bowler 2: | Date: |

**Shift 1 Teams**

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| **Name** | **Avg.** | **C5PBA#** | **Bowling Centre** |
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**Shift 2 – or balance of teams who would all bowl with shift 1 teams.**

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| **Name** | **Avg.** | **C5PBA#** | **Bowling Centre** |
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**STANDBY TEAMS**

**IF REQUIRED - Shift will be assigned by hosts**

Managers are required to advise the committee if any teams drop out so that the next team from that zone can take their place.

Return form and copy of average sheet as of March 25, 2017, by email pdoc@shaw.ca no later than **March 31, 2017.**

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| **Name** | **Avg.** | **C5PBA#** | **Bowling Centre** |

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