

# 2010-2011 LEAGUE REGISTRATION FORM

BOWLING CENTRE: \_\_\_\_\_ LEAGUE NAME: \_\_\_\_\_

LEAGUE SECRETARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: {    } \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## LEAGUE STATISTICS

Please fill out the league information requested below as completely and accurately as possible.

100% Membership League: Yes (    ) No (    )

Total No. of Bowlers in League: \_\_\_\_\_ Total No. of Members in League: \_\_\_\_\_

Men's League: \_\_\_\_\_ Ladies' League: \_\_\_\_\_ Mixed League: \_\_\_\_\_

Sr. Citizen's League: \_\_\_\_\_ Special Olympics Ontario (SOO) League: \_\_\_\_\_

Other (**Please Specify**): \_\_\_\_\_

## MEMBERSHIP SUMMARY

As per the attached Membership List, Number of  
Tournament Members in this League \_\_\_\_\_ Number of Tournament Members

As per the attached Membership List, Number of  
Regular Members in this League \_\_\_\_\_ Number of Regular Members

As per the attached Membership List, Number of  
Senior/SOO/Blind/YBC (Under 18) Members \_\_\_\_\_ Number of Senior/SOO/Blind/  
YBC (Under 18) Members

As per the attached Membership List, Number of  
Graduated YBC Senior Members in this League \_\_\_\_\_ Number of Graduated YBC Senior  
Members

As per the attached Membership List,  
Number of Duplicate Members in this League \_\_\_\_\_ Number of Duplicate Members

\_\_\_\_\_ **Total Number of Members**

**ZONE/DECENTRALIZED ASSOCIATION:** \_\_\_\_\_

**MEMBERSHIP CHAIR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_