

2016-2017 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: _____ Male Members: _____ Female Members: _____

Mens League: _____ Ladies League: _____ Mixed League: _____

Sr. Citizens 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 Members** in this League

_____ Number of Senior Members

As per the attached Membership List, Number of **SOO/Blind Members** in this League

_____ Number of SOO/Blind Members

As per the attached Membership List, Number of **YBC (Under 18) Members** in this League

_____ Number of YBC (under 18) Members

As per the attached Membership List, Number of **YBC Senior Graduate Members** in this League

_____ Number of YBC Senior Graduate 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:** _____