

CTF AFFILIATE REGISTRATION APPLICATION

(please print)

Date: _____ CTF Tournament Sanction Number: _____

Last Name _____ First Name _____ Initial _____

Mailing Address _____ City _____ Prov _____ Code _____

Name of Tournament where Affiliate Dues Paid _____

City, Province of Tournament Site: _____ Age, if under 18: _____

Name of Association through which this application is to be processed: _____

"I release CTF, the local and provincial association from any liability resulting from my participation in an association-sponsored activity."

Signature of Applicant _____

Tournament Official: Collect appropriate affiliate dues (\$30CDN) from applicant and send with this portion of the application when tournament reports are filed to:
Canadian Tenpin Federation, 6619 193 Street Surrey BC V4N 0C1



TEMPORARY CTF REGISTRATION RECEIPT

Name

Tournament

Date Issued

Signature of Tournament Official

Not valid unless signed by Tournament Official

Canadian Tenpin Federation

6619 193 Street Surrey BC V4N 0C1
tenpinbowling.com

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