

## 2017 Canterbury Open Entry Form

							17	- 19	Nove	embe	er 20	1/   /	A IBNZ	<u>z</u> accr	edited	event	#NZ1	/15
Bowlers N	ame:																	
Address:																		
Phone (mobile): Other Phone:																		
Email:																		
Home Bowling Centre: TBNZ Number:																		
I wish to er	nter the fol	lowing ev	ents:															
Event	F	Full Name	e	Ave (As at 6 Oct)	(Open,	ade Graded n/Yth)	(a	st Ch Squa s per Inc hedule of	d #		Sc	Cho quad er Indic ule of E	# cative		ost (per owler)	Pa	ayme	ent
Singles	1.														\$60			
Doubles	1.														\$30			
	2.																	
Mixed	1.														\$30			
Doubles	2.																	
Teams	1.														\$30			
	2.																	
	3.																	
	4.																	
All Events Must enter Singles, Doubles & Teams \$15																		
TOTAL AMOUNT \$165																		
Notes:																		
Notes.																		
Payment: Credit card is billed when tournament entry received. Preference of squads will be given to entries paid in full.														ıll				
☐ Internet Banking — payment to be made into bank account number: 12-3113-0106251-00, indicating the "Bowler's Name", "Cant Open", and "Entry Fee" as references. An email must also be sent to doreen.watkins@amfbowling.co.nz																		
☐ Pleas	se charg	e \$		to m	y VISA	/ Mas	terc	ard (	(circl	e w	hich	type	e of o	card	)			
Card Nu	ımber:			] _			] _					_					•	
				] [			J					]			1	<u> </u>		
Name on Card Expiry Date: / Signature:																		
If you are paying for more than one bowler, please attach their completed forms with yours and advise in the 'Notes' section that you are paying for them.													hem.					
Payment of Prizes (see Rule 14.0) AMF will direct credit all prize winnings to your bank account directly. To enable an efficient and prompt payout, please advise your bank account details below:													ole					
My Bank Account Number																		

Please post, fax or email entries to arrive by 5:00pm Friday 27<sup>th</sup> October 2017 to: Tournament Director, AMF Garden City Bowl, PO Box 10-013, Christchurch | Fax 03 379 3327 | Email to: amf\_gardencity@amfbowling.co.nz | or hand in to reception at AMF Garden City Bowl