

# TRAVELING CLASSIC BOWLING ASSOCIATION OF AMERICA, INC.

## TEAM MEMBERSHIP FORM

437 Avenue J. - Marrero, LA 70072 - (504) 341-0941

Team # \_\_\_\_\_

PLEASE PRINT INFORMATION

Franchise # \_\_\_\_\_

Franchise Sponsor Name: (Person) \_\_\_\_\_ Team Name: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	PLAYER	R/L	ENT AVG	USBC NUMBER	ADDRESS, CITY, STATE, ZIP	HOME PHONE CELL PHONE	EMAIL
	Robert Smith ( C )	R	192	123-1234	123 Main Street Anywhere , USA. 70072	123-345-6789 123-345-6789	TheTCBA@gmail.com
1							
2							
3							
4							
5							
6							
7							
8							

Indicate with "C" for team captain

NUMBER OF PATCHES NEEDED FOR TEAM \_\_\_\_\_

Membership Fee - \$150.00

Send original to TCBA Headquarters  
2nd copy for Secretary

If membership is not paid by Sponsor  
Team must pay membership fee:  
Payable in full to TCBA Headquarters by September 1st

Total Enclosed \$ \_\_\_\_\_