The 5th GUAM International Tenpin Bowling Open Tournament Secretariat Joey C. Miranda III at jcm3bowl@hotmail.com Due date: 16 October 2006



Form A: Entry

ABF Member Information

Organization:	
Country:	
Abbreviation:	

Confirmation

[] YES	We will be participating in the 5th GUAM International Tenpin Bowling Open
[] NO	We will not be participating in the 5th GUAM International Tenpin Bowling Open

Participants

Number of male players	
Number of female players	
Number of official	
Number of supporters	

Contact Information

Contact Person:	
Mailing Address:	
Telephone Number:	
Mobile Phone Number:	
Fax Number:	
E-mail Address:	
Website:	



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Form B: Hotel Room Accommodation Form

organization.

Reservation

Hotel	Fiesta Resort Guam
Number of single rooms:	
Number of double rooms:	
Number of triple rooms:	
Check In Date:	
Check Out Date:	
Rate:	\$85.00 per night inclusive of tax for Single and Double Occupancy
	\$40.00 per night inclusive of tax for Extra Bed

Room Accommodation	Name of Guest(s)			
Check In Date	Room Number 1			
	Guest 1			
Check Out Date	Guest 2			
	Extra Bed			

Check In Date	Room Number 2
	Guest 1
Check Out Date	Guest 2
	Extra Bed

Check In Date	Room Number 3
	Guest 1
Check Out Date	Guest 2
	Extra Bed

The payment must be made directly to the hotel on departure. All rates include breakfast. All bookings MUST be made through the Guam Bowling Congress. The above rates will not apply if bookings are made directly to the hotel.



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Form C: Team Roster

Organization:					
	Surname	First Name	M.I.	Suffix	Position or Title
				(Sr, Jr, III)	
1					
2					

1	Bowler – Male Division	
2	Bowler – Male Division	
3	Bowler – Male Division	
4	Bowler – Male Division	
5	Bowler – Male Division	
6	Bowler – Male Division	

1		Bowler – Female Division
2		Bowler – Female Division
3		Bowler – Female Division
4		Bowler – Female Division
5		Bowler – Female Division
6		Bowler – Female Division



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Form D: Arrival and Departure

Organization:

Arrival Information

Number of People	
From which City	
Date of Arrival	
Time of Arrival	
Carrier	
Flight Number	

Departure Information

Number of People	
From which City	
Date of Departure	
Time of Departure	
Carrier	
Flight Number	



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Form E: Bowler's Information Form

Please fill in for every bowler in your Team

Organization:	

Country				
Name of Bowler as per passport	Surname	First Name	МІ	Suffix
Name prefered for results and media	Surname	First Name	МІ	Suffix
Date of Birth (MM/DD/YR)	Month	Day	Year	-
Place of Birth	City	Country		
Gender:	Male	Female		
Occupation:		remale		
Hobby:				
Name of Coach:				
Years in Bowling:				
High Game:	High 3-Games:	High 6-G	iames:	

Major Titles: (List beginning with most recent title)
Title 1:
Title 2:
Title 3:

