



The Greater Sydney Tenpin Bowling Association Ltd  
 Trading as **TENPIN SYDNEY**  
 ABN 36 001 821 147



	NAME	ADDRESS	PH #	CENTRE	LEAGUE	AVE	TBA #	SIGNATURE
1								
2								
3								
4								
5								
6								

NOTE: TEAM NOMINATION FORMS MUST HAVE A MINIMUM OF THREE (3) BOWLERS LISTED TO BE ACCEPTED FOR NOMINATION. MAXIMUM SIX (6) TEAMS MAY NOMINATE FOR ANY DIVISION THEY CHOOSE - HOWEVER, THEIR TEAM AVERAGE ON ANY GIVEN DAY OF BOWLING CANNOT EXCEED THE DIVISION CUT-OFF.

**NOMINATING FOR: DIVISION A - 621 TEAM AVERAGE CUT-OFF. DIVISION B - 560 TEAM AVERAGE CUT-OFF**

**Part A: TO BE COMPLETED BY TEAM CAPTAIN OR TEAM MEMBER ONLY. IF A NON-TEAM MEMBER COMPLETES PART A, THE FORM WILL BE RETURNED**

I.....TBA #.....HEREBY REQUEST THE NOMINATION OF THE ..... FOR THE 2025 SEASON OF THE INTERDISTRICT COMPETITION (TEAM NAME)

**PART B: TO BE COMPLETED BY THE CENTRE MANAGER.**

I..... HEREBY AUTHORISE THE REQUEST FOR THE NOMINATION OF THE ..... FOR THE 2025 SEASON OF THE INTERDISTRICT COMPETITION (TEAM NAME)

I ALSO AGREE TO RE-EMBURSE THE INTER-DISTRICT COMMITTEE FOR MONEY OWED, SHOULD THIS TEAM WITHDRAW OR BE REMOVED FOR ANY REASON

SIGNATURE OF CENTRE MANAGER..... DATE.....

Once Completed Send to: ID Chairperson, Tenpin Sydney, ID Co-Ordinator John Nichols or the Divisional Secretary or Email to [barbara@bchird.com.au](mailto:barbara@bchird.com.au)