

ILLAWARRA STAR STRIKERS CLUB CHALLENGE Disabilities



3RD & 4TH March 2012

**VENUE: AMF Illawarra StrikeZone
47 Princes Highway
Albion Park Rail NSW 2527**

Phone : 02- 42579333

Tournament Director: Mark Charlesworth

Tournament Secretary: Susanne Charlesworth

Phone: 02-42609515

Mobile: 0414423116

Email : markandsusanne@bigpond.com

Address: 31 Felix Avenue Horsley NSW 2530

TBA Accreditation : A12/0040

Closing Date for Entries Friday 17th February 2012



RULES AND GENERAL INFORMATION

RULES

All TBA Tournament Rules and Regulations will apply.

Bowlers must conduct themselves in a sportsperson like manner whilst competing in the Tournament; unsportsperson like conduct will not be tolerated and may lead to the bowler being disqualified.

DRESS CODE Bowlers must wear neat acceptable attire. **NO** caps, tank tops or T Shirts to be worn whilst bowling.

MOBILE PHONES & ELECTRONIC DEVICES to be turned off while competing in an event.

SMOKING prohibited during continuous games.

NO ALCOHOL CONSUMPTION permitted during the day's competition.

ELIGIBILITY

This Tournament is open to all TBA registered Players in good standing and who meet the requirements of a bowler with a disability under TBA rules on or prior to the first day of the Championships.

ENTERING AVERAGES

Each bowler must use their highest current league average up to 1st January 2012 or prior, which has been established over a minimum of 18 games in a structured league? **Print out of full individual League History from the bowling centre to be attached with entry form.**

GAMES TO BE PLAYED

In each grade, each entrant in teams, doubles & singles will bowl in a three (3) game series.

AWARDS

Medals presented to first, second and third in all grades for Singles, Doubles & Teams.

An All Event Trophy will be presented for 1st in each grade Male & Female, medals for 2nd & 3rd.

Presentation of Trophies will also be made to Highest Pins Over Average overall (Male & Female), Highest Game overall (Male & Female) and the Highest Series overall (Male & Female). There will be separate singles division for men and women. Doubles and teams of THREE may be mixed.

A Participation Certificate presented to all bowlers.

Tournament Committee will decide on any matters which arise and which are not covered in the Tournament Rules.

ALL EVENTS

An All Events Champion will be declared in every grade male and female. A bowler's first appearance in team's, doubles & singles will count towards their All Events, in the bowlers entering singles grade. Eligibility is subject to the payment of the \$4.00 ALL EVENTS ENTRY FEE.

MULTIPLE PARTICIPATION

Teams of THREE (may be mixed) – Bowlers will be allowed 2 attempts in teams. Each attempt must be with at least one different team member. Limited to 2 entries per person.

Doubles (may be mixed) – A bowler may have 3 doubles entries, but each attempt is to be with a different partner. Limited to three entries per person.

Singles – Limited to 3 entries per bowler – Bowlers may have 2 entries in their own grade, and one in any grade above their own in accordance with TBAL Rules.

REPLACEMENTS AND CHANGES

All replacements or changes in the original schedule must be reported to the tournament room at least 1 hour before the scheduled squad time. Replacements will only be undertaken due to sickness or injury after closing date.

NO REFUND AFTER ENTRIES CLOSE

Teams or Individuals who do not bowl in their allocated squad will not be entitled to claim a refund. Teams or Individuals, who are unable to bowl in their event, can sell their spot to another competitor. Whilst the Tournament Committee will help where possible to reschedule entries, it is not the responsibility of the Tournament committee to sell or recover money for unused entries.

CODE OF CONDUCT

The TBAL code of conduct will be strictly adhered to during this tournament.

FOOD

There will be a full canteen available all weekend for meals, snacks and refreshments.

BREAKDOWN OF ENTRY FEES	
Standard Entry Fee Per Person Per Event	
Bowling Fee:	\$ 16.50
Trophy Fund:	\$ 4.50
Tournament Expenses:	\$ 3.00
Total(Inclusive of GST)	\$ 24.00
All Event Fee per Person	\$ 4.00

NO NEW ENTRIES WILL BE ACCEPTED AFTER THE CLOSING DATE.

ALL ENTRY FORMS TO BE COMPLETED IN THEIR ENTIRITY

CLOSING DATE: Friday 17th February 2012

All cheque's made payable to APDTBC - Thank you

TBA Registration Cards or Receipt of Payment of all players will be checked before your first session of play. As this is a TBA Accredited Tournament all entrants are required to be affiliated with TBA.



Definition of Bowler with a Disability

A bowler with a Disability is a registered player of Tenpin Bowling Australia Ltd and whose condition is acknowledged by one of the following National Sporting Organisations for People with a Disability being:

Ausrapid
Special Olympics Australia
Australian Sports Organisation for the Disabled
Cerebral Palsy Sports and Recreation Federation of Australia
Wheelchair Sports Australia
Australian Blind Sports Federation
Transplant Australia
Deaf Sports Australia

All TBA affiliated Associations and State Committees are required to adhere to this definition for the purposes of Disability State Championships and selection of State Teams.

Effective for all Disability Tournaments that receive accreditation from Tenpin Bowling Australia

Version 5 20/2/2006.

2012 ILLAWARRA STAR STRIKERS

DISABILITY CLUB CHALLENGE

AMF Illawarra StrikeZone

Squad Times and Schedule of Events

Saturday 3 rd March 2012	* 9.00am S	10.30am D	12.noon T	2.00pm D/S			
Sunday 4th March. 2012	* 9.00 am S	10.30am D	12 noon T		Presentation 2pm aprox		
Extra	Squads	will	be	added	if	required	
	Check in 30 minutes prior to each squad						
D- Doubles, S-Singles , T - Teams * Lane Dressing prior to squad							

TBA NEW SOUTH WALES DISABILITY CHAMPIONSHIP GRADINGS

GRADE	SINGLES & ALL EVENTS		Mixed Doubles	Mixed Teams
	MEN	WOMEN	2 persons	3 persons
"CLASSIC"	160- & over	150- & over	310- & over	465- & over
"A"	140-159	130-149	270-309	406-464
"B"	120-139	110-129	230-269	345-405
"C"	100-119	90-109	190-229	285-344
"D"	80-99	70-89	150-189	225-284
"E"	79 & below	69 & below	149 & Below	224 & below

Closing date for entries is Friday 17th February 2012

2012 PARTICIPANT REGISTRATION FORM

SPECIAL NOTE: Where confirmation of competitors in the same group is to be sent to a SPECIFIC person, please provide relevant contact details here:

Name: _____ Phone: (Home or mobile) () _____

Address: _____ Postcode: _____

Facsimile: _____ Email: _____

BOWLER 1 Disability: _____ TBA Player Registration number: _____

TBA League Accreditation No: _____ Association/Centre: _____

Full Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____

Email: _____ Individual League History from the bowling centre is to be attached to this form

Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

BOWLER 2 Disability: _____ TBA Player Registration number: _____

TBA League Accreditation No: _____ Association/Centre: _____

Full Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____

Email: _____ Individual League History from the bowling centre is to be attached to this form

Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

BOWLER 3 Disability: _____ TBA Player Registration number: _____

TBA League Accreditation No: _____ Association/Centre: _____

Full Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____

Email: _____ Individual League History from the bowling centre is to be attached to this form

Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

BOWLER 4 Disability: _____ TBA Player Registration number: _____

TBA League Accreditation No: _____ Association/Centre: _____

Full Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____

Email: _____ Individual League History from the bowling centre is to be attached to this form

Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

ALL ENTRY FORMS TOGETHER WITH FEES MUST BE FORWARDED TO

Mrs Susanne CHARLESWORTH

31 FELIX AVENUE HORSLEY NSW. 2530

TBA Accreditation No: A12/0040

BOWLER 5 Disability: _____ TBA Player Registration number: _____
TBA League Accreditation No: _____ Association/Centre: _____
Full Name: _____ Date of Birth: _____
Address: _____ Postcode: _____
Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____
Email: _____ Individual League History from the bowling centre is to be attached to this form
Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

BOWLER 6 Disability: _____ TBA Player Registration number: _____
TBA League Accreditation No: _____ Association/Centre: _____
Full Name: _____ Date of Birth: _____
Address: _____ Postcode: _____
Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____
Email: _____ Individual League History from the bowling centre is to be attached to this form
Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

BOWLER 7 Disability: _____ TBA Player Registration number: _____
TBA League Accreditation No: _____ Association/Centre: _____
Full Name: _____ Date of Birth: _____
Address: _____ Postcode: _____
Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____
Email: _____ Individual League History from the bowling centre is to be attached to this form
Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

BOWLER 8 Disability: _____ TBA Player Registration number: _____
TBA League Accreditation No: _____ Association/Centre: _____
Full Name: _____ Date of Birth: _____
Address: _____ Postcode: _____
Please circle: Male / Female Average: _____ Phone No: (Home or mobile) _____
Email: _____ Individual League History from the bowling centre is to be attached to this form
Please complete: If both appertains Carer: Y/N Ramp: Y/N Wheelchair: Y/N

ALL ENTRY FORMS TOGETHER WITH FEES MUST BE FORWARDED TO

Mrs Susanne CHARLESWORTH

31 FELIX AVENUE HORSLEY NSW. 2530

All enquires regarding squad times and changes should be directed to

Susanne Charlesworth – Phone: (02) 42609515, Email: markandsusanne@bigpond.com

TBA Accreditation No: A12/0040

2012 DISABILITY ILLAWARRA STAR STRIKERS CLUB CHALLENGE

Teams Entry

Entry No.

TEAM NAME:			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			

TEAM SQUAD TIMES – PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

Entries must be paid in full. Unpaid entries cannot be processed. \$72 per team of 3

Teams Entry

Entry No.

TEAM NAME:			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			
Amount remitted: \$		Grade:	

TEAM SQUAD TIMES – PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

Entries must be paid in full. Unpaid entries cannot be processed. \$72 per team of 3

Teams Entry

Entry No.

TEAM NAME:			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			
Amount remitted: \$		Grade:	

TEAM SQUAD TIMES – PREFERENCE		
	DATE	TIME
Pref 1		
Pref 2		

Entries must be paid in full. Unpaid entries cannot be processed. \$72 per team of 3

Entry Fees	\$72.00 (TEAMS x 3 persons)
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ALL ENTRY FORMS TOGETHER WITH FEES MUST BE FORWARDED TO

Mrs Susanne CHARLESWORTH
 31 Felix Avenue Horsley NSW 2530

2012 Disability Illawarra Star Strikers Club Challenge

Entry No.

DOUBLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			
Amount remitted: \$		Grade:	

DOUBLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entries must be paid in full. Unpaid entries cannot be processed. \$48 per doubles entry

Entry No.

DOUBLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			
Amount remitted: \$		Grade:	

DOUBLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entries must be paid in full. Unpaid entries cannot be processed. \$48 per doubles entry

Entry No.

DOUBLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			
Amount remitted: \$		Grade:	

DOUBLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entry No.

DOUBLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Total Average:			
Amount remitted: \$		Grade:	

DOUBLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entries must be paid in full. Unpaid entries cannot be processed. \$48 per doubles entry

Entry Fees

DOUBLES \$48.00

Accreditation No: A12/0040

**Closing date for entries is
Friday 17th February 2012**

2012 Disability Illawarra Star Strikers Club Challenge

Entry No.

SINGLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Amount remitted: \$		Grade:	

SINGLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entry No.

SINGLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Amount remitted: \$		Grade:	

SINGLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entry No.

SINGLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Amount remitted: \$		Grade:	

SINGLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entry No.

SINGLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Amount remitted: \$		Grade:	

SINGLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entry No.

SINGLES ENTRY			
Office Use Only	Full Name	Mixed	Highest Average
Amount remitted: \$		Grade:	

SINGLES SQUAD TIMES		
	DATE	TIME
Pref 1		
Pref 2		

Entry Fees

SINGLES \$24.00

Accreditation No: A12/0040

2012 Disability Illawarra Star Strikers Club Challenge

ALL EVENTS ENTRIES

Bowler	Full Name	M/F	High Ave	Grade	Amount	Entry No.
1					\$4.00	
2					\$4.00	
3					\$4.00	
4					\$4.00	
5					\$4.00	
6					\$4.00	
7					\$4.00	
8					\$4.00	
9					\$4.00	
10					\$4.00	
11					\$4.00	
12					\$4.00	
13					\$4.00	
14					\$4.00	
15					\$4.00	
16					\$4.00	
17					\$4.00	
18					\$4.00	
19					\$4.00	
20					\$4.00	
21					\$4.00	
22					\$4.00	
23					\$4.00	
24					\$4.00	
25					\$4.00	
26					\$4.00	
27					\$4.00	
28					\$4.00	
					\$	

Entry Fees

ALL EVENTS \$4.00

Accreditation No: A12/0040

**Closing date for entries is
Friday 17th February 2012**

2012 Illawarra Star Strikers
Club Challenge
Disabilities

PAYMENT AND SUMMARY SHEET

Name of Group or Individual:

No. of Events:

__ X Singles @ \$24.00 per person = \$ _____

__ X Doubles @ \$48.00 per team = \$ _____

__ X Teams (3) @ \$72.00 per team = \$ _____

__ X All Events @ \$4.00 per person = \$ _____

Total amount = \$ _____

Office use only:

Receipt No.: _____ Amount: \$ _____

Cheque/Money order no. :

Bank:

Branch:

**All cheques are to be made payable to
APDTBC Thank you**

Late entries will not be accepted under any circumstances

Closing date: Friday 17th February 2012