Austintown Fitch Falcons JV Tournament



HOSTED BY: AUSTINTOWN FITCH BOWLING BOOSTERS

SUNDAY, JANUARY 4, 2026 DOORS OPEN AT 11 AM

> AMRON LANES 492 W. Main Street Canfield, Ohio 44406

> > Entry Fee: \$125

LIMITED TO THE FIRST 18 PAID TEAMS

** RSVP BY DECEMBER 21, 2025 **

TOURNAMENT INFORMATION

All 2025-2026 OHSAA Bowling Rules Apply
Open to Boys and Girls JV Teams
8 Uniformed Rostered Bowlers & 2 Coaches
2 Regular Games + 5 Baker Games
Total 2 Regular & 5 Baker Pinfall Determines Champion & Runner-Up
2 Regular Game Series Total Determines All Tournament Team
Champion & Runner-Up Team Trophy Boys & Girls Divisions
All-Tournament Team Top 5 2-Game Series Medals Boys & Girls Divisions
High Game Medals Boys & Girls Divisions
Spectator Entry Fee \$5.00 (Cash Only)
50/50 Raffle (Cash Only)

There will be no formal break for food during the tournament. You may purchase food from the snack bar and eat while bowling. No outside food or drinks permitted.

QUESTIONS PLEASE CONTACT:

Kristi Waid, Booster President 330.207.8710

ALL PROCEEDS FROM THIS TOURNAMENT WILL BENEFIT THE AUSTINTOWN FITCH HIGH SCHOOL BOWLING TEAM

Austintown Fitch Falcons JV Tournament



SUNDAY, JANUARY 4, 2026

AMRON LANES 492 W. Main Street Canfield, Ohio 44406

TOURNAMENT SCHEDULE - ALL TIMES ARE APPROXIMATE

11:00 AM	Doors Open & Team Check-In Begins
11:30 AM	Coaches Meeting
11:45 AM	Practice
12:00 PM	National Anthem & 2 Regular Games
2:00 PM	5 Baker Games
4:00 PM	Awards

TO REGISTER YOUR TEAM(S), PLEASE DETACH, COMPLETE AND MAIL THE BOTTOM PORTION OF THIS FORM ALONG WITH A CHECK MADE PAYABLE TO <u>AUSTINTOWN FITCH</u> BOWLING BOOSTERS BY <u>SUNDAY</u>, <u>DECEMBER 21</u>, <u>2025</u> TO:

AUSTINTOWN FITCH BOWLING BOOSTERS % Lee Ann Plunkett, Treasurer 3894 Dunbar Ave.
Austintown, Ohio 44515

NO REFUNDS WILL BE GIVEN AFTER THE RSVP DEADLINE 12.21.25

High School Name:				
Team (s):	Boys JV	Girls JV	Boys & Girl	s JV
Coach's Name:				
Coach's E-Mail:				
Coach's Phone:				
	TOTAL AMOUNT EN	ICLOSED	\$125	\$250

TEAM ROSTERS WILL BE COLLECTED CLOSER TO THE TOURNAMENT DATE

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	ө у	ou begin. For guidance related to the purpose of Form W-9, see Purpose of											_	
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)													
Print or type. See Specific Instructions on page 3.	Αu	stintown Fitch Bowling Boosters Inc												
	2	Business name/disregarded entity name, If different from above.												
		3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☑ Other (see instructions) Non-Profit Organization 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)							
See	5	Address (number, street, and apt. or suite no.). See instructions. Requester				er's name and address (optional)								
		1253 Wedgewood Drive												
	6 City, state, and ZIP code													
	_	Austintown, Ohio 44515										_		
	7	List account number(s) here (optional)												
Dav	. 1	Taxpayer Identification Number (TIN)	resident - se		-	_	_	_	-				-	
Par	_			e a	Soc	cial s	ecurity	numb	er					
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a									ſ	T				
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other					-		-	١						
entitie	s, it	is your employer identification number (EIN). If you do not have a number, so	ee How to get	a	or									
TIN, la	ter.				Employer identification number									
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and			and	Γ.			TI		T					
Number To Give the Requester for guidelines on whose number to enter.			4	5	- 3	7	6 7		7 6	9	L.,			
Par	: II	Certification												
Under	pe	nalties of perjury, I certify that:												
1. The	пu	mber shown on this form is my correct taxpayer identification number (or I ar	m waiting for a	a numb	er to	be i	ssued	to me); and					
Ser	vice	It subject to backup withholding because (a) I am exempt from backup withholding that I am subject to backup withholding as a result of a failure to reporter subject to backup withholding; and	nolding, or (b) I rt all interest o	l have r r divide	not b ends	een , or (notified c) the l	d by th RS ha	ne Inte is noti	ern fie	al Revi d me ti	nue nat I	am	
3. I an	a	U.S. citizen or other U.S. person (defined below); and												
		TCA code(s) entered on this form (if any) indicating that I am exempt from FA												
becau	se y	ion instructions. You must cross out item 2 above if you have been notified by you have failed to report all interest and dividends on your tax return. For real es on abandonment of secured property, cancellation of debt, contributions to an interest and dividends, you are not required to sign the certification, but you m	tate transactio individual retir	ns, iten rement	n 2 d arrar	oes :	not app nent (IR	iy. Fo A), an	r mort d, gen	ga era	ge intei illy, pa	rest p ymen	ts	
Sign Here		Signature of Leann Punishett					29		_					
Car			line 3b has be	en ado	ded t	o th	s form	A flo	w-thro	วน(h entit	y is		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity In which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they