Albany TNBA Senate

TRIO TOURNEY

1 BIG WEEKEND
October 26-27, 2019

1ST PLACE - $1,800.00

$$ Based on 100 entries $$

TNBA membership required to bowl

ENTRY FEES:

PER TEAM - $90.00   OPTIONAL SINGLES - $10.00

Handicap & Scratch

TEAM ENTRIES MUST BE PREPAID BY 10/1/19

SIDE POTS
BRACKETS
Raffles

Please select your preferred squad time below

690 Average Cap

(Handicap based on _90% of 230_. Max 75 pins per game)

TOURNAMENT LOCATION:

Towne Academy
1601 Altamont Ave.
Schenectady, NY 12303
(518) 355-3939

SQUAD TIMES:
Saturday: 1:30pm, 4pm, 6:30pm
Sunday: 11:00am, 2pm

SQUAD TIMES WILL BE STRICTLY ADHERED TO

Mail entry forms to:
Natalie Samuel
18 Joanne Ct
Albany, NY 12209

TNBA Senate President

Robert Danzy (518) 507-2218
danzyrob@aol.com

TNBA Senate Assistant Tournament Director

Joyce Cade (518) 424-2848
manyblessings08@gmail.com

TNBA Senate Tournament Director

Natalie Samuel (518) 364-0080
nmontagu@nycap.com

1. This tournament shall be USBC and TNBA certified, is open to all sanctioned members of the USBC, TNBA and shall operate under the rules of the USBC and TNBA
2. Bowlers may enter by paying a membership fee of $21.00 and TNBA membership of $21.00 if not already sanctioned.
3. The tournament shall commence on Saturday, October 26, 2019 and run for one (1) weekend ending on Sunday, October 27, 2019
4. Three (3) bowler teams will consist of men, women or mixed. Team averages will be capped at 690. No team above 690 will be allowed to bowl.
5. Entering Averages:
    A. Highest 2018/2019 USBC league average of 36 games or more.
    B. Bowlers with no 2018/19 average may use the highest of the three prior years averages with a minimum of 50 games. Summer averages will not be accepted.
    C. All bowlers who do not fit into the above categories will bowl scratch.
    D. Bowlers who participated in a USBC Certified Sport League will be re-rated.
    E. ***NO TEN PIN RULE***
F. It shall be each bowler's responsibility to verify the accuracy of his/her average, whether submitted by the bowler, his/her partners or others. Failure to use the correct average or make corrections prior to the completion of the series will result in disqualification (USBC Rue 319a-3). There are no return entry fees on disqualifications.
G. The Tournament Director reserves the right to re-rate any bowler prior to bowling. If the bowler does not accept the re-rate average, the entry fee shall be returned (USBC Rule 319c).
H. Team handicap will be based on 90% of the difference between the team average and 690. Singles handicap will be based on 90% of the difference between the bowler's average and 230. All averages over 230 must bowl scratch.
I. All teams will bowl three (3) games on the same pair of lanes with highest total pins plus handicap deciding the tournament winner.
J. Re-entries are permitted in the Trio and Singles events. Bowlers can cash multiple times in the Trio event, but must change at least one partner and can cash only once in the Singles event.
K. All entrants who have qualified for a *single* prize of $600 or more in **any** tournament within the last year must report the name and date of the tournament, scores, position and the amount won to the Tournament Director for possible re-rating (USBC Rule 319d, 319e). Failure to do so will result in disqualification.
Prize fund is 100% returned.
All decisions of the Tournament Director are final and all disputes are final unless an appeal is made in writing within 72 hours to the Tournament Director.

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Since this is a prepaid event, personal checks and money orders are accepted. Make payable to Albany Senate

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TRIO		OPTIONAL HDCP SINGLES		OPTIONAL SCRATCH SINGLES	
Prize Fund	$ 54.00	Prize Fund	$ 8.00	Prize Fund	$ 8.00
Bowling & Expense Fees	$ 36.00	Expense Fee	$ 2.00	Expense Fee	$ 2.00
Team Entry	$ 90.00	Singles Entry	$10.00	Scratch Entry	$10.00

1.	**Name (Print) No Nicknames**	**M/F**		**End. Avg. (18-19)**	**Squad Time 1st Choice**
	Street Address	**USBC #**			**TNBA #**
	City, State, Zip	**Singles HDCP Entry #** _____			**Singles Scratch Entry #** _____
		☐ YES ☐ NO			☐ YES ☐ NO
	E-Mail Address:	**Telephone Number:**			
2.	**Name (Print) No Nicknames**	**M/F**		**End. Avg. (18-18)**	**Squad Time 2nd Choice**
	Street Address	**USBC #**			**TNBA #**
	City, State, Zip	**Singles HDCP Entry #** _____			**Singles Scratch Entry#** _____
		☐ YES ☐ NO			☐ YES ☐ NO
	E-Mail Address:	**Telephone Number:**			
3.	**Name (Print) No Nicknames**	**M/F**		**End. Avg. (18-19)**	**Squad Time 3rd Choice**
	Street Address	**USBC #**			**TNBA #**
	City, State, Zip	**Singles HDCP Entry #** _____			**Single Scratch Entry #** _____
		☐ YES ☐ NO			☐ YES ☐ NO
	E-Mail Address:	**Telephone Number:**			