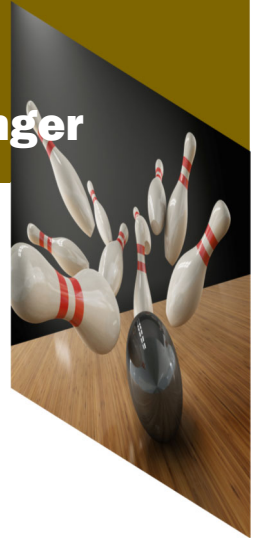




Introducing...

Assured Life Association's Strikes Against Hunger



A National Mail-In Bowling Tournament Benefiting Feeding America

Rules and Guidelines

- 1) The National Strikes Against Hunger Mail-In Bowling Tournament is open to all Assured Life Association members, their friends and families. At least 1 bowler must be a member or have some relationship to a member.
- 2) Teams may be all male, all female or mixed; however, all teams will be placed in one tournament pool unless the number of registrations allow having a separate all male tournament, all female tournament and mixed tournament. Each team must designate a team captain.
- 3) Each bowler must determine a 3-game average before bowling for the tournament if they do not already have an average through a league.
- 4) Each team must bowl a 3-game series as entered for the tournament.
- 5) A handicap will be figured at 80% of the difference between the average and 200.
- 6) Entry forms plus a \$60 registration fee for each team must be sent to the Fraternal Department before your team bowls. Online entry forms will be made available.
- 7) Tournament lines of bowling may be bowled anytime before December 1, 2019.
- 8) Scores must be submitted on the score sheets provided by the Fraternal Department on or before December 15, 2019. Score sheets will be mailed to the team captain at the time of entry.
- 9) Substitution for absent bowlers is permitted, however the substitution must be reported to the Fraternal Department via email to fraternal@assuredlife.org.
- 10) One scratch score only will be determined in team standings.
- 11) Scratch scores will be the average less 15 pins.

ASSURED LIFE
ASSOCIATION

PO Box 3169
Englewood, CO 80155-3169

Phone 303-792-9777
Toll-Free 800-777-9777
FAX 866-663-8560

www.assuredlife.org



Strikes Against Hunger Bowling Tournament Registration Form



A National Mail-In Bowling Tournament Benefiting Feeding America

TEAM #1 MEMBERS

AVERAGE

1.	
2.	
3.	
4.	

TEAM NAME

TEAM CAPTAIN

ADDRESS

CITY/STATE/ZIP

FOR HOME OFFICE USE ONLY:

Chapter Location:

Chapter No.:

TEAM #2 MEMBERS

AVERAGE

1.	
2.	
3.	
4.	

TEAM NAME

TEAM CAPTAIN

ADDRESS

CITY/STATE/ZIP

FOR HOME OFFICE USE ONLY:

Chapter Location:

Chapter No.:

Copy this form for extra teams—submit this form plus \$60 registration fee for each team to:

PO Box 3169
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