

**Society of Philippine Electrotechnical Constructors & Suppliers, Inc.**

🖂 2/F IIEE Bldg., No. 41 Monte de Piedad St., Cubao, Quezon City, Philippines 1111 🕾🖷: 63(02) 722-4725; 413-0994 ⦁ : [specsphils.68@gmail.com](mailto:specsphils.68@gmail.com) : [www.specs.org.ph](http://www.specs.org.ph)

**SPECS FUN GAME BOWLING TOURNAMENT**

1. **TOURNAMENT DETAILS**

Date : October 26, 2019

Registration : 12:30 Noon

Time : 1:00 P. M.

Venue : 3rd Floor, Superbowl, Makati Cinema Square

Pasong Tamo, Makati City

Format : 3 – Man Team/4 Games

1. **Sponsorship:** Php 5,000.00

 This will entitle your company to:

1. One Playing Team; Free of Charge
2. Company name/logo inclusion in the streamer which will be displayed

at the bowling center during the tournament.

1. Company name/logo inclusion in the event’s program.
2. Distribution of promotional materials during the tournament.
3. Acknowledgement in the SPECS Magazine.
4. **TEAM Registration**: Php 2,200.00/Team
5. **LEGIBILITY**

All Members, its spouses, friends and partner industries are welcome to join.

1. **DEFINITION OF GAMES**
2. **No-Tap Bowling** – refers to a game that when a player knocks Out nine (9) pins on the first ball in any frame, it is automatically considered a strike. A regular strike is also considered strike.
3. **Regular Bowling** – refers to a game player on regular bowling.
4. **FORMAT**

A team shall be composed of three (3) players. Any number combination of male and female players may compose a team. Each team shall play a four (4) – game series.

Game 1 - No-Tap Bowling

Game 2 - No-Tap Bowling

Game 3 - Regular Bowling

Game 4 - Regular Bowling

Registration is ongoing. For further details, please call the Secretariat through Telephone/ Fascimile No/s 413-0994 or you may email your inquiries at [specsphils.68@gmail.com](mailto:specsphils.68@gmail.com)

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Yes, we are joining the 38th SPECS Fun Game Bowling Tournament

with the following line-up of bowlers:

Name: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Handicapped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Handicapped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Handicapped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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