**English Indoor Bowling Association Ltd**

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David Cornwell House, Bowling Green, Leicester Road, Melton Mowbray, Leics LE13 0FA

Telephone: 01664 481900

Email: [enquiries@eiba.co.uk](mailto:enquiries@eiba.co.uk) Website: [www.eiba.co.uk](http://www.eiba.co.uk)

**TOURNAMENT LICENCE APPLICATION**

Thank you for your enquiry for a licence in respect of your proposed tournament. Please find enclosed an application form, which should be completed and returned to the above address together with any fee payable.

The Official Fee Scale approved by English Indoor Bowling Association Limited is as follows: -

**NON-TELEVISED TOURNAMENTS** with rewards and/or prizes, whether in cash or kind, where the total value is:-

Up to **£500** Fee - **£10:00**

**£501** to **£1,000**  Fee - **£15:00**

**£1,001** to **£1,500** Fee - **£25:00**

More than **£1,501** Fee - **£30:00**

**TELEVISED TOURNAMENTS**

The fee payable is 1.5% of the total value of any rewards and/or prizes, whether in cash or kind.

**NOTE: -**

1. Any event organised for the benefit of a Registered Charity where the rewards and/or prizes, whether in cash or kind, have a total value of less the £500, will require no licence fee. In such cases, the Registered Charity number must be indicated on the application form.
2. All events must be licensed whether or not a fee is payable.
3. The licence fee for televised events shall be subject to negotiation.
4. Cheques should be made payable to: English Indoor Bowling Association Ltd

If you require any further information please contact me at the above office.

Sue Bakewell  
Finance Administrator  
February 2022

**PAYMENT OPTIONS**

**□** Bank Transfer: Sort Code: 20-99-40 Account No: 93531465 Account Name: EIBA Ltd

Please reference “tournament licence”

**□** Cheque: Please ensure cheques are payable to the English Indoor Bowling Association Ltd

**□** Credit/Debit Card: Please telephone HQ 01664 481900.

**English Indoor Bowling Association Ltd**

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**APPLICATION FORM FOR A LICENCE TO ORGANISE A TOURNAMENT**

1. Type of Tournament Mens / Ladies / Open…………Please Indicate as Appropriate...

2. Name of Tournament …………………………………………………………................................

3. Name of Club/Organiser …………………………………………………………................................

3. Date(s) of Event …………………………………………………………................................

4. Venue of Event …………………………………………………………................................

5. Nature of Event …………………………………………………………................................

6. Type of Event …………………………………………………………................................

7. Are expenses being paid to competitors? Yes/No

8. Is appearance money being paid? Yes/No

9. Is the event being sponsored? Yes/No

10. If so, how much and to whom? …………………………………………………………………….…………

11. Is the event being supported by sponsors other than by financial payment? Yes/No  
 If so, give details and values ………………………………………………………………...

12. Total value of prizes being offered \*\*£100 / £100-£500 / £500-£1000 / £1000/£1500 / £1500 +

13. Is the event being televised? Yes/No  
 If so, TV fee involved ……………………………………………………………….………………….

14. Details of anticipated expenses for organising the event. .……….………………………………………….

15. Details of anticipated profit from organising the event ....…….……………………………………………...

16. Details of the dispersion of such profit ..………………………………………………………………………..

17. Is this event in aid of charity? Yes/No

18. If so, name of charity and details of donation ………………………………………………………………..

19. I herby certify that in the event of a licence being issued I will undertake, within three months of the completion of the event to supply the Chief Executive of English Indoor Bowling Association Limited with details of the total rewards and expenses paid, and to whom.

Signed ……………………………………………………………………………………………………………

(If signed on behalf of Promoters state in detail the identity of Promoters)

Address of Signatory …………………………………………………………………………………………………….

Email address Certificate is to be sent to ……………………………………………………………………….....

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For Office use only: - Certificate number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_