



27th Malta Open
Championships
13th - 17th June 2018



HANDICAP DOUBLES

Eligibility:

This is an open Doubles event, but reference will be given to participants of the 2018 Malta Open Championships. Bowlers may participate more than once provided that they bowl with different partners each time.

Handicaps:

The highest available average from the qualifying round of the Malta Open will be utilized for this event, or a proven national average if this is not applicable, i.e. the entrant did not bowl in the Malta Open. Handicap calculation will be based on 90% the highest qualifying average from Round 1 of the Malta Open and will be announced prior to the H'cap Doubles. The maximum individual handicap will be 40pins per game. Entrants with no available average as per this criteria will play scratch.

Format:

Each team will bowl four games for total pinfall plus handicap. The team obtaining the highest overall pinfall shall be declared the winners.

Ties:

In the event of a tie, the team with the highest scratch pinfall will take the higher position. Should this also result in a tie, then the team with the highest last game including handicap will take the higher position, or penultimate game, and so on until the tie is broken.

Schedule:

Monday 18th June : Sq A - 11:00 Sq B - 13:30 Sq C - 16:00
Tuesday 19th June : Sq D - 13:00 Sq E - 15:30

Entries will be accepted on a first come, first served basis.

PLEASE OPT FOR THE MONDAY SQUADS AS A FIRST PREFERENCE, IN CASE OF TUESDAY CANCELLATIONS

Fees:

An all inclusive entry fee of €60 per team will be charged.

Prizes:

Pos'n	Cash Prize Fund By Minimum Number Of Teams*						
	20 (min)	25	30	35	40	45	50
1st	€420	€525	€570	€660	€720	€800	€900
2nd	€210	€265	€315	€370	€390	€430	€480
3rd	€125	€155	€190	€220	€200	€230	€250
4th	€85	€105	€125	€150	€170	€190	€210
5th			€65	€75	€130	€150	€170
6th					€70	€80	€90
Total	€840	€1,050	€1,265	€1,475	€1,680	€1,880	€2,100

* This cash prize will be guaranteed based on the number of participating teams as indicate. The organisers reserve the right to revise this in the event that less than 20 teams take part.



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Entry Form – HANDICAP DOUBLES 2018

Team Name: _____

Bowler 1: _____ **Bowler 2:** _____

Squad: _____

I, _____, captain of the above team declare that I have read and understood the conditions set for this tournament.

Signature: _____

Date: _____

#cisktime

