

United States Bowling Congress League Application

League Application # _____

Please Print. Send application and dues to local processor (local assn. or center) within 30 days of first league session. DO NOT send directly to USBC Headquarters.

① **Bowling Center** _____

Name _____

City _____

State _____

② **League Name** _____

③ **Association Name** _____

Adult Merged or BA _____

Youth or WBA _____

④ **Type of League - Choose one**

- Adult Mixed
- Adult Women
- Adult Men
- Youth Standard
- Youth Basic
- Adult/Youth Mixed

④a **Check any that apply**

- Senior League
- Travel League
- League uses a computer for record keeping
- This is a managed league (See Rule 100m)
- Scholarship

⑤ **Game Format** See instructions for explanation.

- Standard American Tenpin
- Sport
- Baker/Scotch Doubles
- No Tap/3-6-9/Best Ball

⑥ **Teams** Number of Teams _____

Number of Players per Team _____

⑦ **Date Schedule Begins**

Date Schedule Ends

Weeks League Bowls

Day of Week Bowled

Time Bowled

_____/_____/_____
(Month / Day / Year)

_____/_____/_____
(Month / Day / Year)

⑧ **Required: Attach completed dues worksheet to this form.**
Use pre-printed form provided by your local association or the attached blank form.

⑨ **League Secretary/Manager/Youth Official** ID # _____ - _____

Male Female

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____
 E-Mail _____

Jr / Sr / III _____
 () _____
 Night Phone _____
 () _____
 Day Phone _____

⑩ **League President/Youth Supervisor** ID # _____ - _____

Male Female

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____
 E-Mail _____

Jr / Sr / III _____
 () _____
 Night Phone _____
 () _____
 Day Phone _____

⑪ Mark here if League Secretary is also the Treasurer.

() _____ () _____
 League Treasurer Night Phone _____ League Treasurer Day Phone _____

League Treasurer First Name, Initial, Last Name, Jr /Sr / III _____

Street Address _____

City _____ State _____ Zip Code _____

E-Mail _____

TO BE COMPLETED BY YOUTH and/or ADULT YOUTH LEAGUES

⑬ **Authorized Adult Youth Representative at Local Association Meetings**

() _____ () _____
 Adult Youth Representative Night Phone _____ Adult Youth Representative Day Phone _____

Adult/Youth Representative First Name, Initial, Last Name, Jr /Sr / III _____

Street Address _____

City _____ State _____ Zip Code _____

E-Mail _____

⑫ **Bonding, Burglary and Holdup Insurance**

Estimated total league funds \$ _____
 NOT INCLUDING lineage \$ _____ (Prize money, salaries, expenses, etc.; if none enter zero)

I Acknowledge receipt of the League President's duties found in the special League Presidents Message.

Signature of League President _____ Date _____

The USBC insurance and bonding program affords coverage for league officers. No coverage is provided for funds lost due to bowling center insolvency or liquidation.

PLEASE REFER TO THE BONDING CHAPTER IN YOUR RULES BOOK.

See cover page for distribution instructions.

Local Association Use Only

Application Received _____

Date _____

