



SANTA CLARA COUNTY USBC
BOWLING CENTER AGREEMENT

Dear **Bowling Center Owner or Mgr. / Bowling Establishment**

The Santa Clara County USBC would like to schedule the following event(s) at your Bowling Center:

Name of Tournament / Event

We look forward to having this event at your center.

If for any reason there is a problem with the Event or Date, please contact our office immediately. Otherwise, please review the following event information, please sign and return a copy to our office by mail or fax (408) 453-5081.

Upon receipt, a SCCUSBC Officer will sign the agreement and a copy will be sent to you.

Bowling Center: **Bowling Establishment**

Cost of Lineage: **Lineage entered by Bowling Center Owner or Mgr.**

Number of lanes needed for event(s): **# of lanes w/spare pair**

- **Enter requirements for oiling lanes, pattern to be used, etc.**
-
-

Tournament date(s): **Date**

Check in/Start Time: Tournament: Check in **Time** – Bowl at **Time** (Est **# of** Bowlers)

Est. completion time: **Time**

Bowling Center Owner/Manager Date

SCCUSBC Officer Date

Once again thank you for your support of the Santa Clara County USBC.



SANTA CLARA COUNTY USBC
BOWLING CENTER AGREEMENT

Dear

The Santa Clara County USBC would like to schedule the following event(s) at your Bowling Center:

We look forward to having this event at your center.

If for any reason there is a problem with the Event or Date, please contact our office immediately. Otherwise, please review the following event information, please sign and return a copy to our office by mail or fax (408) 453-5081.

Upon receipt, a SCCUSBC Officer will sign the agreement and a copy will be sent to you.

Bowling Center:

Cost of Lineage:

Number of lanes needed for event(s):

-
-
-

Tournament date(s):

Check in/Start Time: Tournament: Check in – Bowl at (Est Bowlers)

Est. completion time:

Bowling Center Owner/Manager Date

SCCUSBC Officer Date

Once again thank you for your support of the Santa Clara County USBC.