

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*

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Bowling Center Owner/Manager Date SCCUSBC Officer Date

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



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