



4856064.T

# United States Bowling Congress League Application

Please Print. League Application # \_\_\_\_\_

Send application and dues to local processor (local association 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  
Adult  
 Adult Mixed  
 Adult Women  
 Adult Men  
 Adult/Youth Mixed  
Youth  
 Standard  
 Bumper  
 STANDARD  
 BASIC  
 High School  
 Bowl like a Boy/Girl

4a. Check any that apply  
 This is a managed League (See Rule 100j)  
 Scholarship SMART # \_\_\_\_\_  
 Senior League  
 Travel League

5. Game Format  
 Standard American Tenpin  
 Baker /Scotch Doubles  
 No Tap/3-6-9/Best Ball  
 Bumper

5a. Lane Conditions  
Check all that apply  
 House/Standard  
 Sport/Challenge

6. Teams Number of Teams \_\_\_\_\_ Number of Players per Team \_\_\_\_\_

7. Date Schedule Begins \_\_\_\_\_ Date Schedule Ends \_\_\_\_\_ Day of Week Bowled \_\_\_\_\_ Time Bowled \_\_\_\_\_ # Weeks League Bowls \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

8. League Secretary/Manager/Youth Official ID# \_\_\_\_\_ - \_\_\_\_\_  
 Male  Female  
First Name Middle Initial Last Name Jr./Sr./III  
Mailing Address Apt. # Primary Phone  
City State Zip Code Secondary Phone  
E-mail

9. League President/Youth Supervisor ID# \_\_\_\_\_ - \_\_\_\_\_  
 Male  Female  
First Name Middle Initial Last Name Jr./Sr./III  
Mailing Address Apt. # Primary Phone  
City State Zip Code Secondary Phone  
E-mail

10.  Mark here if League Secretary is also the Treasurer.  
ID# \_\_\_\_\_ E-mail \_\_\_\_\_  
League Treasurer First Name, Initial, Last Name, Jr./Sr./III  
Mailing Address  
City State Zip Code  
League Treasurer Primary # \_\_\_\_\_ League Treasurer Secondary # \_\_\_\_\_

To Be Completed by Youth and/or Adult Youth Leagues  
12. Authorized Adult Youth Representative at Local Association Meetings  
ID# \_\_\_\_\_ E-mail \_\_\_\_\_  
Adult Youth Representative First Name, Initial, Last Name, Jr./Sr./III  
Mailing Address  
City State Zip Code  
Adult Youth Representative Primary # \_\_\_\_\_ Adult Youth Representative Secondary # \_\_\_\_\_

11. Bonding Burglary and Holdup Insurance  
Estimated total league funds NOT INCLUDING lineage fees \$ \_\_\_\_\_  
(Prize money, salaries, expenses, etc., (if none enter zero))  
I acknowledge it is my responsibility to protect the league funds and perform my duties as found in the USBC Playing Rules book, Rule 102c.  
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.**

Local Association Use Only MA0009 4/15 Application Received \_\_\_\_\_ Date \_\_\_\_\_

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4. Type of League  
**Adult**  
 Adult Mixed  
 Adult Women  
 Adult Men  
 Adult/Youth Mixed  
 STANDARD  
 BASIC  
**Youth**  
 Standard  
 Bumper  
 High School  
 Bowl like a Boy/Girl

4a. Check any that apply  
 This is a managed League (See Rule 100j)  
 Scholarship SMART # \_\_\_\_\_  
 Senior League  
 Travel League

5. Game Format  
 Standard American Tenpin  
 Baker /Scotch Doubles  
 No Tap/3-6-9/Best Ball  
 Bumper

5a. Lane Conditions  
*Check all that apply*  
 House/Standard  
 Sport/Challenge

6. Teams Number of Teams \_\_\_\_\_ Number of Players per Team \_\_\_\_\_

7. Date Schedule Begins \_\_\_\_\_ Date Schedule Ends \_\_\_\_\_ Day of Week Bowled \_\_\_\_\_ Time Bowled \_\_\_\_\_ # Weeks League Bowls \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

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City State Zip Code Secondary Phone  
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First Name Middle Initial Last Name Jr./Sr./III  
Mailing Address Apt. # Primary Phone  
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10.  Mark here if League Secretary is also the Treasurer.  
ID# \_\_\_\_\_ E-mail \_\_\_\_\_  
League Treasurer First Name, Initial, Last Name, Jr./Sr./III  
Mailing Address  
City State Zip Code  
League Treasurer Primary # \_\_\_\_\_ League Treasurer Secondary # \_\_\_\_\_

To Be Completed by Youth and/or Adult Youth Leagues  
12. Authorized Adult Youth Representative at Local Association Meetings  
ID# \_\_\_\_\_ E-mail \_\_\_\_\_  
Adult Youth Representative First Name, Initial, Last Name, Jr./Sr./III  
Mailing Address  
City State Zip Code  
Adult Youth Representative Primary # \_\_\_\_\_ Adult Youth Representative Secondary # \_\_\_\_\_

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Local Association Use Only MA0009 4/15 Application Received \_\_\_\_\_ Date \_\_\_\_\_

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Adult Merged or BA Youth or WBA

## 4. Type of League

### Adult

- Adult Mixed  STANDARD  
 Adult Women  BASIC  
 Adult Men  
 Adult/Youth Mixed

### Youth

- Standard  High School  
 Bumper  Bowl like a Boy/Girl

## 4a. Check any that apply

- This is a managed League (See Rule 100j)  
 Scholarship SMART # \_\_\_\_\_  
 Senior League  
 Travel League

## 5. Game Format

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

## 5a. Lane Conditions

- Check all that apply  
 House/Standard  
 Sport/Challenge

6. Teams Number of Teams \_\_\_\_\_ Number of Players per Team \_\_\_\_\_

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Mailing Address  
City State Zip Code  
Adult Youth Representative Primary # \_\_\_\_\_ Adult Youth Representative Secondary # \_\_\_\_\_

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Local Association Use Only  
MA0009 4/15

Application Received \_\_\_\_\_  
Date \_\_\_\_\_

YOUTH PROCESSOR COPY