

# 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       STANDARD  
 Adult Women       BASIC  
 Adult Men  
 Adult/Youth Mixed

**Youth**  
 Standard       High School  
 Bumper       Promotional

**4a. Check if applicable**

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.  Mark here if the Adult Representative is the same as the Youth Supervisor.**

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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(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.  Mark here if the Adult Representative is the same as the Youth Supervisor.**

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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\_\_\_\_\_  
Signature of League President      Date

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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 # \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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