United States Bowling Congress 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

2. League Name
   ________________________________________________
   ________________________________________________
   Name City State

3. Association Name
   ____________________________________________________

4. Type of League

   Adult
   - Adult Mixed
   - Adult Women
   - Adult Men
   - Adult/Youth Mixed

   Youth
   - Standard
   - Bowlopolis/Bumper
   - USA Bowling

4a. Check if applicable
   - This is a managed league  (See Rule 100j)
   - Scholarship SMART # __________________

5. Game Format
   - Standard American Tenpin
   - Baker / Scotch Doubles
   - Senior League
   - Travel League

5a. Lane Conditions

   - No Tap/3-6-9/Best Ball
   - Bumper
   - Check one
   - House/Standard
   - Challenge
   - Sport

   Visit bowl.com/laneconditions for more information.

6. Teams

   Number of Teams ____________
   Number of Players per Team __________

7. Date Schedule Begins
   ___________________
   (Month / Day / Year)

   Date Schedule Ends
   ___________________
   (Month / Day / Year)

   Day of Week Bowled
   ________________
   Time Bowled
   ________________
   # Weeks League Bowls
   ________________

8. League Secretary/Manager/Youth Official

   ID# ______________________ - ______________________
   Male   Female
   First Name Middle Initial Last Name
   Jr./Sr./III
   Mailing Address
   Apt. #
   City State Zip Code
   Primary Phone
   Secondary Phone
   Email

9. League President/Youth Supervisor

   ID# ______________________ - ______________________
   Male   Female
   First Name Middle Initial Last Name
   Jr./Sr./III
   Mailing Address
   Apt. #
   City State Zip Code
   Primary Phone
   Secondary Phone
   Email

10. ☐ Mark here if League Secretary is also the Treasurer.

     ID# ______________________ - ______________________
     Male   Female
     League Treasurer First Name, Initial, Last Name, Jr./Sr./III
     Mailing Address
     City State Zip Code
     League Treasurer Primary #
     League Treasurer Secondary #

11. Bonding, Burglary and Holdup Insurance

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

     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 THE USBC PLAYING RULES.

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

     ID# ______________________ - ______________________
     Male   Female
     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 #

Local Association Use Only

Application Received ______________________ Date ________________
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1. Bowling Center

2. League Name

3. Association Name

4. Type of League
   - Adult
     - Adult Mixed
     - Adult Women
     - Adult Men
     - Adult/Youth Mixed
   - Youth
     - Standard
     - Bowlopolis/Bumper
     - USA Bowling

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 one
     - House/Standard
     - Challenge
     - Sport
   - Visit bowl.com/laneconditions for more information.

6. Teams
   - Number of Teams ____________
   - Number of Players per Team __________

7. Date Schedule Begins
   - (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 ____________________________
   - Secondary Phone ____________________________
   - City ____________________________
   - State ____________________________
   - Zip Code ____________________________
   - Email ____________________________

9. League President/Youth Supervisor
   - ID# ______________________
   - Male ☐ Female ☐
   - First Name ____________________________
   - Middle Initial ________
   - Last Name ____________________________
   - Jr./Sr./III ____________________________
   - Mailing Address ____________________________
   - Apt. # ____________________________
   - Primary Phone ____________________________
   - Secondary Phone ____________________________
   - City ____________________________
   - State ____________________________
   - Zip Code ____________________________
   - Email ____________________________

10. ☐ Mark here if League Secretary is also the Treasurer.

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 102.

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

To Be Completed by Youth and/or Adult Youth Leagues

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 THE USBC PLAYING RULES.

Local Association Use Only

Application Received ____________________________ Date ____________________________