

# 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 \_\_\_\_\_

4. Type of League  
**Adult**  
 Adult Mixed  STANDARD  
 Adult Women  BASIC  
 Adult Men  
 Adult/Youth Mixed  
**Youth**  
 Standard  High School  
 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 \_\_\_\_\_ 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 \_\_\_\_\_  
Email \_\_\_\_\_

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 \_\_\_\_\_  
Email \_\_\_\_\_

10.  Mark here if League Secretary is also the Treasurer.  
ID# \_\_\_\_\_ Email \_\_\_\_\_  
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# \_\_\_\_\_ Email \_\_\_\_\_  
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 THE USBC PLAYING RULES.**

Local Association Use Only MA0009 4/18 Application Received \_\_\_\_\_ Date \_\_\_\_\_

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Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. League Name \_\_\_\_\_ 3. Association Name \_\_\_\_\_

## 4. Type of League

### Adult

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

### Youth

- Standard  High School
- 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](http://bowl.com/laneconditions) for more information.

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 \_\_\_\_\_  
Email \_\_\_\_\_

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 \_\_\_\_\_  
Email \_\_\_\_\_

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

ID# \_\_\_\_\_ Email \_\_\_\_\_  
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# \_\_\_\_\_ Email \_\_\_\_\_  
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)

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

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