

PROVIDER AGREEMENT FORM

	(Organization's Name)	((Organization's Type)
(Address)	(City)	(State)	(Zip)
The" Undersigned") and the SMART SCHOL	ARSHIP FUNDING CORPORA	TION ("SMAI	RT") of Arlington, Texas.
The Undersigned:			
Elects to participate in the SMART scholar days of the end of the league/tournamer and administer those funds if all requiren terms and conditions of the SMART Police	nt or award date if meritorion ments of SMART are met. Th	us honor. SM e Undersign	IART, in their discretion, may a ed agrees to read and accepts
SMART will acknowledge receipt of those SMART Policy Manual, as may be amend remain with the program until requested	ed from time to time. Funds	which have	been accepted by the program
els solely responsible for its acts and omissi and representatives. SMART does not ass provided to SMART by the transferring or	ume or accept any responsib	oility for verifi	cation of representations, infor
Understands that SMART's only obligatio scholarship funds in the manner set forth			
Agrees that SMART shall have no duty to with respect to the information provided funds prior to their receipt by SMART. Like of or related to the organization or operawith which scholarships are to be granted.	by or the acts or omissions kewise, SMART shall have no ation of the tournament, lea	of any recipi o responsibil	ent or custodian of the transfe ty or liability for any act or om
Agrees to hold SMART harmless and to in of action, damages, loss, penalty, judgme in connection with, any acts or failures to and representatives, including but not lin conducted by the Undersigned through any such collected funds.	ents, costs and expenses (in act by the Undersigned, its nited to actions or omissions	cluding attor employees, s relating to	ney fees) arising from, related invitees, officers, directors, ago or in connection with any activi
The Agreement is the complete Agreement Any dispute or arbitration arising from or a exclusive venue. IN WITNESS WHEREOF,	relating to this Agreement n	nust be reso	ved in Arlington, Texas, as the
Primary User Signature:		Date:	
rinted Name:		USBC M	ember ID:
Address:		City/Stat	e/Zip:
Daytime Phone Number:		Fax:	
mail (required):			

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SMART Agreement Instructions

All Leagues, Tournaments and Organizations

Submit this form only once to open an account with us

Please follow these instructions in completing the Agreement Form

Organization Name and Address: Please fill in the name of your league, tournament or organization. Indicate the type of Organization in the field provided.

Note: If you are setting up an account to hold association or center scholarship funds, fill in the name of the association or center.

The address should correspond to whomever the funds are being submitted from, i.e., contact person for leagues or tournaments, association, center, etc.

Signature, Date and USBC Member ID: The Primary Contact on the account signs and dates this form.

Incomplete forms will not be accepted.

Send to one of the following:

Email: SMART@BOWL.com

Fax: 817-385-8260

Mail: SMART

621 Six Flags Drive Arlington, TX 76011

Once an account is opened we will send an email with instructions on how to log in and create lists.