

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 **CA**

2. League Name _____ 3. Association Name **SOUTHERN LA COUNTY USBC**

4. Type of League

Adult

Adult Mixed STANDARD
 Adult Women BASIC
 Adult Men BASIC
 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.