	application and d	iues io iogai pri	ocessor (local association or center) with	hin 30 days of first league sessio	n. DO NOT send di	rectly to USBC Headquarters.	
1. Bo	wling Center _						
2. Le	ague Name _	Name 3. Associa		city ation Name		State	
4 -							
2000,000,000	oe of League		4a. Check if applicable	5. Game Format		5a. Lane Conditions	
	Adult 3 Adult Mixed 3 Adult Women 4 Adult Wen 5 Adult Men 6 BASIC		☐ This is a managed league (See Rule 100☐ Scholarship SMART #	□ Baker /Scotch Doubles		Check one	
			☐ Senior League			☐ House/Standard☐ Challenge	
	Adult Men Adult/Youth Mixed	LJ DAGIU	☐ Travel League	□ No Tap/3-6-9/	Best Ball		
Yo	uth			☐ Bumper		☐ Sport Visit bowl.com/lanecondition	
	☐ Standard ☐ High Sc ☐ Bowlopolis/Bumper ☐ USA Bowling					for more information.	
6. Tea	ams Number	of Teams	Number of Players per	r Team			
7. Da	te Schedule Beg	ins [Date Schedule Ends Da	y of Week Bowled	Time Bowled	# Weeks League Bowls	
	(Month / Day / Year)		(Month / Day / Year)				
B. Lea	ague Secretary/N	/lanager/Youth	Official ID#			☐ Male ☐ Female	
-	First Name		Middle Initial	Last Name		Jr./Sr./III	
	Mailing Address			Apt.#		Primary Phone	
	City			State Zip Cod	e	Secondary Phone	
9. Le	Email ague President/	Youth Supervis	or ID#	<u> </u>		☐ Male ☐ Female	
9. Le		Youth Supervis	Or ID#	Last Name		☐ Male ☐ Female	
9. Le	ague President/	Youth Supervis					
9. Le	ague President/	Youth Supervis		Last Name		Jr./Sr./III	
9. Le	ague President/ First Name Mailing Address	Youth Supervis		Last Name Apt.#		Jr./Sr./III Primary Phone	
-	ague President/ First Name Mailing Address City Email		Middle Initial	Last Name Apt.# State Zip Cod To Be Completed by Youth and	e d/or Adult Youth Le	Jr./Sr./III Primary Phone Secondary Phone	
_	ague President/ First Name Mailing Address City Email			Last Name Apt.# State Zip Cod To Be Completed by Youth and	e d/or Adult Youth Le	Jr./Sr./III Primary Phone Secondary Phone	
10. 0	ague President/ First Name Mailing Address City Email		Middle Initial	Last Name Apt.# State Zip Cod To Be Completed by Youth and	d/or Adult Youth Le	Jr./Sr./III Primary Phone Secondary Phone	
10. 0	ague President/ First Name Mailing Address City Email	eague Secretai	y is also the Treasurer. Email	Last Name Apt.# State Zip God To Be Completed by Youth and 12. Mark here if the Adult I	e d/or Adult Youth Le Representative is tr ————————————————————————————————————	Jr./Sr./III Primary Phone Secondary Phone eagues ne same as the Youth Supervisor.	
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	ague President/ First Name Mailing Address City Email J Mark here if Le # League Treasurer First N Mailing Address	eague Secretai	y is also the Treasurer. Email	Last Name Apt.# State Zip Cod To Be Completed by Youth and 12. Mark here if the Adult III ID# Adult Youth Representative First N	e d/or Adult Youth Le Representative is the Email	Jr./Sr./III Primary Phone Secondary Phone eagues ne same as the Youth Supervisor.	
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