

2016 SOUTH SOUND USBC ASSOCIATION YOUTH DIRECTOR NOMINATION FORM

Youth Director (2 Positions)

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

Bowling Experience (How have you been involved and how long)

Are you a member of USBC: _____ Card Number: _____

Date of Birth : _____ (must be at least 14 years of age)

Bowling Center: _____

By signing this form you are committing to the duties as shown on the attached page from the SSUSBC Operations Manual and if elected you will be subjected to a background check for the Registered Volunteer Program as required by USBC.

Signature: _____

Please have form into the Nominating Committee by 29 Apr 2016

South Sound USBC

4715 S M St, Tacoma, WA 98418 or FAX 253-474-6148