

2025-26 SOUTH SOUND USBC ASSOCIATION YOUTH COMMITTEE APPLICATION FORM

Youth Committee (11 Positions)

Name: _____

Address: _____

Phone number: _____

E-mail: _____

Bowling experience (how involved and how long)

Are you a member of U.S.B.C.: YES - NO

Card Number _____

Must be at least fourteen years of age. Birth date _____

Center: _____

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

Signature: _____

Please have form to the Nominating Committee
South Sound USBC
4517 S, M St, Tacoma, WA 98418

Rev: March 12, 2025