

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