

Kansas State USBC Inc. Tournament Director Application Form

NAME OF APPLICANT: _____ USBC MEMBERSHIP NO.: _____

ADDRESS: _____
Street City Zip

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

Tournament Director Open _____ Women's _____ Senior _____ Youth _____

1. Are you currently bowling in any unsanctioned leagues? Yes ___ No _____
2. Are you currently a USBC member? Yes ___ No _____
3. Are you a member of the Kansas State USBC? Yes ___ No _____
4. Have you been a tournament director? Yes ___ No _____
If Yes, tournaments at the Local ___ State ___ level

Are you familiar with the WinLabs tournament program Yes ___ No _____

Are you able to commit the time required to directing a state tournament? This tournament requires multiple weekends processing the entry forms, banking money weekly, entering all entries into WinLabs, producing all documents needed to conduct the tournament. You must also be able to addend all weekends in the tournament cities. You must also attend all Board Meetings

PLEASE COMPLETE ALL INFORMATION AND SUBMIT NOT LATER THAN March 1 of each year.

TO: Kansas State USBC Inc.
7657 W O'Neil
Wichita, Ks 67212

