PLEASE USE TYPEWRITER

THE NATIONAL BOWLING ASSOCIATION, INC.

Application for League Certification

Season – 20_____20_____TNBA Certification No._____Fee $5.00 --- Date Received by TNBA _____

League Name_____of the_____Bowling Senate

League Contains (number)_____teams, consisting of _____men, and/or_____women per team.

League Schedule play at _____Bowling Establishment

Address of Bowling Establishment_____City_____State_____Zip Code_____

Leagues games will be bowled on Lanes_____ Lane Certificate No._____

Date league schedule starts_____Date schedule ends_____

The undersigned officers of the above named league hereby apply, through the City Senate whose endorsement appears below, for National Association Certified to conduct a Tenpin Bowling League in compliance with TNBA rules and regulations. We certify that all members of this league who are listed below are members of the National Bowling Association.

_____ League President

_____ League Secretary

_____ Address-Number & Street Phone

_____ Address-Number & Street Phone

_____ City **State** **Zip Code**

_____ **City** **State** **Zip Code**

_____ Email address

_____ Email address

This application is approved and certified is recommended by the_____Bowling Senate.

Date_____, 20_____. SIGNED:

_____Senate President _____Senate Secretary

IMPORTANT: List names and complete addresses, including zip code, of all members who are TNBA members, either through this league or otherwise. PLEASE CHECK MARK (✓) IN FRONT OF NAMES OF MEMBERS WHO ARE PURCHASING TNBA MEMBERSHIP THROUGH THIS LEAGUE. DO NOT LIST NAMES OF NON-TNBA MEMBERS. Card numbers will be assigned.

******ATTACH A COPY OF LEAGUE STANDING SHEET"""***

PLEASE INDICATE BY (X) IF: 100% TNBA CERTIFIED_____ (All members TNBA) PARTIALLY CERTIFIED_____ (Number of TNBA members_____)

(✓)	CARD NO.	NAME	ADDRESS & ZIP CODE

TOTAL MEMBERS_____TOTAL MEMBERS PAID THROUGH THIS LEAGUE_____ CASH PAID_____

USE CARBON to list additional names on back of this form.

(✓)	CARD NO.	NAME	ADDRESS & ZIP CODE

TOTAL MEMBERS____________________TOTAL MEMBERS PAID THROUGH THIS LEAGUE_________________ CASH PAID______________________

USE CARBON to list additional names on back of this form.