

**YOUTH LEADERSHIP COUNCIL
APPLICATION FOR MEMBRSHIP**
League _____

Name _____ Age _____

Address _____ Phone _____

Email Address _____

City & State _____ ZIP Code _____

Name of School _____ Grade _____

Name of Bowling Establishment _____

Name of League _____

My son/daughter has permission to participate in the Youth Leadership Council Program. I understand that he/she will be involved in the activities listed in the Senate Youth Leadership Council Program Handbook.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent/Guardian (please print) _____

Phone of Parent/Guardian _____ Email Address _____

Signature of League Coach _____ Date _____

League Coach (please print) _____

League Coach Address _____ Phone _____

City _____ State _____ ZIP Code _____

SENATE YOUTH LEADERSHIP COUNCIL REGISTRATION FORM

The _____ officially registers its local Youth Leadership Council Program for the ____/____ season. Our council program consists of #____ of youth bowlers*.

Youth Leadership Council Advisor/Coach (print)

Address _____ Phone _____

City _____ State _____ ZIP Code _____

Email Address _____ (please print legibly)

Signature of Advisor/Coach _____ Date _____

This form, properly filled out and signed must be received by November 1st of the current bowling season by the National Youth Leadership Council Director. See TNBA Roster for mailing/emailing information.

*All Youth Leadership Council members must be TNBA certified before this registration will be accepted. Eligibility for awards, scholarships and selection to serve on the National Youth Leadership Council Committee are contingent upon official registration of your program and timely certification of your council members. This will be verified! Your Senate President will be notified of receipt of this registration.