

LOCAL USBC ASSOCIATION OFFICER'S REPORT FORM

ASSOCIATION NAME _____

ASSOCIATION NUMBER _____ SEASON OR DATE _____

PRESIDENT NAME _____ CELL PHONE _____
MAILING ADDRESS _____ NIGHT/HOME PHONE _____
CITY _____ ZIP _____
E-MAIL _____ FAX _____

ASSOCIATION MANAGER _____ CELL PHONE _____
MAILING ADDRESS _____ NIGHT/HOME PHONE _____
CITY _____ ZIP _____
PERSONAL E-MAIL _____ FAX _____
ASSOCIATION E-MAIL _____ WEB SITE _____
ASSOCIATION FACEBOOK PAGE _____

YOUTH INFORMATION

COACH NAME _____ CELL/HOME PHONE _____
MAILING ADDRESS _____ ZIP _____ EMAIL _____

COACH NAME _____ CELL/HOME PHONE _____
MAILING ADDRESS _____ ZIP _____ EMAIL _____

BOWLING CENTER(S) IN ASSOCIATION

CENTER NAME _____ # OF LANES _____
MAILING ADDRESS _____ ZIP _____
CENTER PHONE _____ CENTER EMAIL _____
PROPRIETOR(S) _____ PHONE _____
PROPRIETOR(S) _____
EMAIL(S) _____

CENTER NAME _____ # OF LANES _____
MAILING ADDRESS _____ ZIP _____
CENTER PHONE _____ CENTER EMAIL _____
PROPRIETOR(S) _____ PHONE _____
PROPRIETOR(S) _____
EMAIL(S) _____

PLEASE USE THE BACK OR MAKE A COPY OF THE FORM IF YOU HAVE ADDITIONAL INFORMATION

MAIL TO: JAN M. PUTNAM, SD STATE USBC ASSOCIATION MANAGER
PO BOX 614, GAYVILLE, SD 57031-0614

OR SCAN & EMAIL TO dan_janputna@vyn.midco.net **DEADLINE May 15th**