

PROPOSAL TO HOST GEORGIA STATE USBC WBA HANDICAP TOURNAMENT

We ask that you consider our association(s) as host(s) for the 2017
Georgia State USBC WBA Handicap Tournament.

NAME OF BOWLING CENTER: _____

ADDRESS: _____

() Telephone _____ Lanes Available (Minimum 24) _____ \$ _____
Lineage for 3 games

I, the Manager/Owner of the Bowling Center, do hereby agree that the lanes will be in tournament condition at the time of this tournament.

SIGNATURE OF MANAGER/OWNER _____ Date: _____

Are the local USBC Board(s) of Directors in agreement to co-host the Georgia State USBC WBA Annual Handicap Tournament? Yes _____ No _____

(If Association is Merged only one signature is required below)

NAME OF ASSOCIATION(S): _____

Local WBA / MERGED Association

Local BA Association

Local WBA/MERGED President - Signature

Local BA President - Signature

(Address)

(Address)

City ST Zip Code

City ST Zip Code

Phone ()

Phone ()

Email: _____

Email: _____

Date: _____

Date: _____

We will need something in writing from hotel stating they will be able to guarantee us _____ number of rooms for _____ weekends at the rate of \$ _____ per night for up to four (4) people per room. This would be for each weekend during the month of March and possibly two weekends in April (according to how many weekends are needed and how many lanes are in the bowling centers).

NOTE: Before you sign this form, you should be certain that you fully understand the policies governing this tournament as stated by the Georgia State USBC WBA.

This form should be completed and submitted to the Georgia State USBC WBA Association Manager by December 1, 2014 or earlier if possible.

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