

# PROPOSAL TO HOST GEORGIA STATE USBC WBA HANDICAP TOURNAMENT

We ask that you consider our association(s) as host(s) for the **2020**  
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, 2017 or earlier if possible.**

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