## PROPOSAL TO HOST GEORGIA STATE USBC SENIOR TOURNAMENT

We ask that you consider our association(s) as host(s) for the <u>2019</u> Georgia State USBC Senior Handicap Doubles and Singles Tournament.

NAME OF BOWLING CENTER:	
ADDRESS:	
( )	
Telephone Numbe	r of Lanes Amount of Lineage - 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 WBA and BA Boards of Directors Tournament?	s in agreement to co-host the Georgia Senior Yes No
NAME OF ASSOCIATION(S): Merged Yes No (If Association is Merged only one signature is required)	
Local WBA Association	Local BA Association
Local WBA President - Signature	Local BA President - Signature
(Address)	(Address)
City ST Zip Code	City ST Zip Code
Phone ()	Phone ()
Email:	Email:
Date:	Date:

**NOTE:** Before you sign this form, you should be certain that you fully understand the policies governing this tournament as stated by the Georgia Women's Bowling Association **and** the Georgia State Bowling Association.

This form should be completed and submitted to the Georgia State USBC WBA Association Manager by July 1, 2018 or earlier if possible.

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