

# Greater Calumet Area USBC Bowling Association

## Director application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other/ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Retired: \_\_\_\_\_

Has the nominee been a bowling association director in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please name association, dates and any offices held: (use other side if necessary)

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USBC sanction number: \_\_\_\_\_

Name the leagues in which you are currently a member. (Please also list the name of the bowling center.)

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**Why do you want to become involved with the GCA-USBC-BA?**

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**Bowling accomplishments:**

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**Professional/personal accomplishments or honors:**

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**Name of person making this nomination (include phone number):**

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**Return form to:**

Greater Calumet Area USBC Bowling Association  
c/o Director application  
8133 Kennedy Ave.  
Highland, IN 46322