PLEASE USE TYPEWRITER

THE NATIONAL BOWLING ASSOCIATION, INC.

Application for League Sanction

Season - ____ ____ **NBA Sanction No.** _____ **Fee $3.50 ---** **Date Received by TNBA** _____

League Name _____ **Of the** _____ **Bowling Senate**

League Contains (number) _____ **teams, consisting of** _____ **men, and/or** _____ **women per team.**

League Schedule play at _____ **Bowling Establishment**

Address of Bowling Establishment _____ **City** _____ **State** _____ **Zip Code** _____

League games will be bowled on Lanes _____ **A. B. C. Certificate No.** _____

Date league schedule starts _____ **Date Schedule ends** _____

The undersigned officers of the above named league hereby apply, through the City Senate whose endorsement appears below, for National Association Sanctioned to conduct a Tenpin Bowling League in compliance with TNBA rules and regulations. We certify that all members of this league who are listed below are members of the National Bowling Association.

_____ _____

League President **League Secretary**

_____ _____

Address-Number & Street **Phone** **Address-Number & Street** **Phone**

_____ _____

City **State** **Zip Code** **City** **State** **Zip Code**

This application is approved and sanction is recommended by the **Inland Empire/Moreno Valley** **Bowling Senate.**

Date _____, **SIGNED:**

_____ _____

Senate President **Senate Secretary**

IMPORTANT: **List names and complete address, including zip codes, of all members who are NBA members, either through this league or otherwise. PLEASE CHECK MARK (✓) IN FRONT OF NAMES OF MEMBERS WHO ARE PURCHASING NBA MEMBERSHIP THROUGH THIS LEAGUE. DO NOT LIST NAMES OF NON-NBA MEMBERS. Fill out in triplicate. Send WHITE and YELLOW copies to NBA Office. Card numbers will be assigned. YELLOW copy and filled in cards will be sent to Senate Secretary. Senate Secretary must post card numbers in PINK copy. Keep YELLOW copy for senate files. Deliver PINK copy and filled in cards to league secretary.**

PLEASE INDICATE BY (X) IF: **100% TNBA SANCTIONED (all members TNBA)** **PARTIALLY SANCTIONED (Number of TNBA Members _____)**

Card No.	Name	Address & Zip Code	Social Sec.#

TOTAL MEMBERS **TOTAL MEMBERS PAID THROUGH THIS LEAGUE** **CASH PAID**

USE CARBON to list additional names on back of this form.