THE NATIONAL BOWLING ASSOCIATION, INC.

Application for League Certification

Season – 20 25 20 26 TNBA Certification No._____ Fee $10.00 --- Date Received by TNBA _____

League Name_____ of the Greater Washington 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_____

Leagues games will be bowled on Lanes_____ Lane 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 Certified 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**
_____	_____
Email address	**Email address**

This application is approved and certified is recommended by the Greater Washington Bowling Senate.

Date_____, 20_____. SIGNED:

_____ Senate President _____ Senate Secretary

IMPORTANT: List names and complete addresses, including zip code, of all members who are TNBA members, either through this league or otherwise. PLEASE CHECK MARK (✓) IN FRONT OF NAMES OF MEMBERS WHO ARE PURCHASING TNBA MEMBERSHIP THROUGH THIS LEAGUE. DO NOT LIST NAMES OF NON-TNBA MEMBERS. Card numbers will be assigned.

******ATTACH A COPY OF LEAGUE STANDING SHEET******

PLEASE INDICATE BY (X) IF: 100% TNBA CERTIFIED_____ (All members TNBA) PARTIALLY CERTIFIED___×___ (Number of TNBA members_____)

(✓)	CARD NO.	NAME	ADDRESS & ZIP CODE

TOTAL MEMBERS_____ TOTAL MEMBERS PAID THROUGH THIS LEAGUE_____ CASH PAID_____

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