DO NOT WRITE IN THIS SPACE

LEAGUE CERTIFICATION NO. _____

THE NATIONAL BOWLING ASSOCIATION, INC.

Application for Youth League Certification

Season – 20_____20_____ **Date Received by TNBA Jr Program Director _____**

League Name _____ of the _____ Bowling Senate

League contains (number) _____ teams, consisting of _____ bowlers per team

League Schedule played at _____Bowling establishment

Address of Bowling establishment_____ City _____ State_____ Zip _____

Leagues games will be bowled on lanes _____ Lane Certification No. _____

Date League Schedule starts _____ Date League Schedule ends _____

The undersigned Coach of the above named league applies through the City Senate, whose endorsement appears below, for a National Bowling Association Junior Certification to conduct a Tenpin Bowling League in compliance with TNBA Junior Program rules and regulations.

Coach _____ (Area Code) Phone Number _____

Address-Number & Street _____ City, State, Zip _____

E-mail Address _____

This application is approved and certification is recommended by the _____Bowling Senate of The National Bowling Association, Inc. Date_____, 20_____.

SIGNED: _____Senate President _____Senate Secretary

Make checks/money orders payable to: TNBA Junior Program

NAME	NAME	NAME	NAME

TOTAL MEMBERS_____TOTAL MEMBERS PAID THROUGH THIS LEAGUE_____ CASH PAID_____

_____COACHES EMBLEMS @ $1.00 each _____

TOTAL CASH PAID _____

LIST NAMES IN ALPHABETICAL ORDER