

DO NOT WRITE IN THIS SPACE
LEAGUE CERTIFICATION NO. _____

THE NATIONAL BOWLING ASSOCIATION, INC. Application for Junior 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

TOTAL MEMBERS _____ TOTAL MEMBERS PAID THROUGH THIS LEAGUE _____ CASH PAID _____
 _____ COACHES EMBLEMS @ \$1.00 each _____
 TOTAL CASH PAID _____

LIST NAMES IN ALPHABETICAL ORDER