

Nomination Form For DSUSBCY
Elections Return Form by August 14, 2011
Please return as soon as possible

REQUIREMENTS FOR CANDIDATES:

All candidates must have a working knowledge of USBC rules and regulations.

DIRECTOR'S AND OFFICER'S DUTIES

- Time to devote to **ALL** DSUSBCY meetings; **ALL** board meetings; **ALL** committee meetings and **ALL** days of the annual tournament.
- **WORK** on **ALL** committees to which he/she is appointed.
- Act as lane representative. Make yourself known to the management and youth leagues of the center.
- Assist association manager in securing sanctions, final average sheets, and tournament average sheets.
- Assist leagues in solving problems, if asked.
- Assist in preparation, conducting and follow-up of annual state and Pepsi tournaments.

Attendance is required at annual meeting at year of election.

Must be in good standing with their sanctioned USBC association.

PLEASE COMPLETE ALL INFORMATION REQUESTED. PLEASE ATTACH A SEPARATE SHEET IF YOU WISH TO ADD ADDITIONAL INFORMATION.

NAME: _____ PHONE: (____) ____ - _____

ADDRESS:

Member in Local Associations: WUSBC __ LDWUSBC __ USBCY __

Other ____

USBC Sanction Number: _____

FORM CONTINUES ON OTHER SIDE

Positions available please circle:

1 Lower Delaware Directors

1 Wilmington Directors

President

Wilm Delaware Youth Director (14+)

Lower Proprietor

Candidate Name: _____

League:	Position	Years
_____	_____	_____
_____	_____	_____

Local Association:	_____	_____
_____	_____	_____

Other Bowling Affiliations Or coach:	_____	_____
_____	_____	_____

Committees:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you attend the DSUSBCY annual meeting in 2009-2010? YES / NO

Have you worked on any tournaments: YES / NO If yes, when: _____

Have you:	A working knowledge of USBC rules and regulations:	YES / NO
	A working knowledge of Roberts Rules Newly Revised:	YES / NO
	Been active in your local association or leagues?	YES / NO
	The time to devote to ALL DSUSBCY meetings:	YES / NO
	The time to work for a successful tournament?	YES / NO
	Are you able to fulfill the above duties and any others	
	As assigned by the president?	YES / NO

I HEREBY CONSENT TO HAVE MY NAME PLACED IN NOMINATION

Signature: _____ Date: _____

Please fill out and return to the nominating committee:

Michelle Turner-Billings

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Clayton, DE 19938

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