



CONNECTICUT STATE USBC ASSOCIATION

OFFICIAL NOMINATING FORM for the CONNECTICUT STATE USBC ASSOCIATION BOARD OF DIRECTORS

Name: _____ USBC ID #: _____
Last First MI Maiden Name (if applicable)

Address: _____
Street City State Zip

Phone: _____ Email: _____
Home Cell

Current Leagues: _____

Please list your current and other qualifications in the appropriate areas.

Current Offices Held: (League, Local, State, and National)

Current Committees: (Indicate whether you served as member or chairperson)

Other Current Affiliations Related to Bowling: (Full name of organization and title, if any)

Other Past Offices Held:

Other Past Committees that you have served on:

Other Past Affiliations Related to Bowling:

Honors Received Related to Bowling: (Hall of Fame, Bowler of the Year, Life Member, etc.)

Other Information pertinent to your nomination to the Connecticut State USBC Association:

Are you a USBC Registered Volunteer? Yes _____ No _____

Will you be able to fulfill the duties and responsibilities for the complete of the office for which you are requesting nomination? Yes _____ No _____

Do you want to be considered for nomination for delegate to the USBC National Convention?
Yes _____ No _____

I, _____, hereby give my consent to have my name placed in nomination
for the office of _____, and I confirm that I am eligible to have my name placed in
nomination as a candidate. I also give my consent to have my name submitted for another or higher
office should this be the discussion of the Nominating Committee.

Signature of Candidate: _____ Date: _____

Please forward this completed form by __ July 20, 2023 _____ to:

Jon Gibson, Sr., Nomination Chair
Connecticut State USBC Association
64 Plymouth Street
New Haven, CT 06519