Suburban Windy City USBC Association Resume

Deadline for submission is February $1\frac{st}{}$ of each year

Name:

Address:					
Phone:	Occupation:				
Are you a certified (sanctioned) both Please list the certified (sanctioned)			No ently bowl	ling in:	
Please list the league office(s) you League Name	u have held, i Office Held	if any:	Н	ow Long	
Please list the capacity in which youth coordinator)	ou have work	ked with yo	uth bowle	rs: (i.e. coach	,
Please list the Bowling Associatio served:	ns you have	served and	d the capa	acity in which y	you

Please list other organizations you have served as a volunteer and the capacity in which you served:						
Check area or are	as you would	like to serve:				
Officers: Presider	nt Vice	President	Sargent at Arms			
Directors	Volu	inteers	Center Representative			
Committee member Assist with tournaments						
Please check what Tournament Finance Hall of Fame Awards Nominating	at committee o	r committees	you would like to serve on:			
Please indicate th	e areas that yo	ou feel your e	expertise would be best suited:			
Tournaments	Public R	Relations	Financial			
Budget	Audit	Committee	Chairperson			
Other						
Additional Comme	ents:					
Return to:						

email: office@swcbowl.com

fax: 847-741-7150

545 Illini Dr Carol Stream, IL 60188-1555

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