



CONNECTICUT STATE USBC ASSOCIATION

OFFICIAL NOMINATING FORM for THE CONNECTICUT STATE USBC BOARD OF DIRECTORS

Please type or print all information so that it will be legible.

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

Address: _____
Street City State Zip

Phone: _____ E mail: _____
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 a member or chairperson)

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

Other Offices Held:

Other Committees that you have served on:

Other Affiliations Related to Bowling:

Honors received related to bowling: (Hall of Fame, Bowler of the Year, Life Member, etc.)

Other information that you feel is pertinent to your being nominated to the Connecticut State USBC Board of Directors:

Are you a United States Bowling Congress Registered Volunteer? Yes_____ No_____

Will you be able to fulfill the duties and responsibilities for the complete term 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 decision of the Nominating Committee.

Signature of Candidate: _____ Date _____

Please forward this completed form by April 1, 2014 to:

Patricia Lupacchino, Nominating Chairperson
CT State USBC Assn. #86217
27 New Street
West Haven, CT 06516
E mail: PatGH13@aol.com