MINNESOTA STATE USBC ASSOCIATION
TOURNAMENT DIRECTOR APPLICATION

(Please type or print in black ink)

APPLICANT INFORMATION

Last Name	First Name – Middle Initial
Address	City / State / Zip
Day Phone	Evening Phone

E-Mail Address

DIRECTOR POSITION(S)
Check all you are applying for:

❑ WOMEN   ❑ OPEN   ❑ 600

❑ SENIOR   ❑ MIXED   ❑ YOUTH

Are you under 18 years of age?   ❑ Yes   ❑ No

Have you ever been convicted of a crime or pleaded no contest
for any offense or violation other than minor traffic violations?   ❑ Yes   ❑ No

If yes, explain 1) Nature of Crime, 2) Date of Conviction, and 3) State in which convicted.
(Convictions are not an automatic bar from employment.)

EDUCATION

SchoolName and Location	# Yrs Attended	Diploma or Degree Received
High	_____	❑ Yes ❑ No
College	_____	❑ Yes ❑ No Type: _____
Other (Specify)	_____	❑ Yes ❑ No Type: _____

SKILLS AND ABILITIES – Please describe your knowledge of bowling, management, office and organizational skills, computer knowledge, office equipment usage experience, experience with WinLABS, word processing, spreadsheets and financial management software programs.

_____

_____

_____

REFERENCES – List three persons other than friends or relatives who have knowledge of your bowling background, education, computer and office skills.

Name	**Mailing Address**	**Phone #**

ASSOCIATION HISTORY – List present or most recent association positions first.
Complete even if accompanied by a resume.

Association Name

Position Title

Address

City / St / Zip

Phone #

Start Date   End Date

May We Contact This Association?   ❏ Yes   ❏ No

Describe Duties/Responsibilities

Association Name

Position Title

Address

City / St / Zip

Phone #

Start Date   End Date

May We Contact This Association?   ❏ Yes   ❏ No

Describe Duties/Responsibilities

TOURNAMENT EXPERIENCE – List Tournaments currently or previously affiliated with.
Indicate Name of the Event, Number of Entries and the Time Period (Years) Involved

_____

_____

_____

_____

_____

_____

Please read carefully before signing this form.

All information in this application is true to the best of my knowledge and belief.
I understand that misrepresentation or omission of any kind may result in denial of removal from office (which ever is applicable).

Applicant Signature

Printed Name

Date