

# PROPOSAL TO HOST STATE USBC YOUTH CHAMPIONSHIP TOURNAMENT

# YEAR

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We ask that you consider our association as host for the Georgia State USBC Youth Handicap Championship Tournament.

HOST ASSOCIATION: \_\_\_\_\_

Association President: \_\_\_\_\_

(Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

The following Georgia State USBC Youth Policies govern this tournament:

- The State Association Manager is the (TM) Tournament Manager. The Local Association shall submit a name to be approved by the TM for (TD) Tournament Director. The TD will process all entries received from the TM. Local WinLabs will be used to input, schedule, confirm, print recaps, process scores, post results and determine final winners.
- The Tournament is conducted during the Month of May.
- Two Centers are required within Host Associations geographic boundaries, with a minimum of 24 lanes in each center, totaling of 48 lanes. (56 lanes are preferred).
- One center with at least 48 lanes would be acceptable, may require 3 squads each day.

At the fall Board of Directors meeting, the proposed host association will:

- Provide sample entry, a marked up copy of the previous year is acceptable. State has master copy of entry form.
- Introduce Tournament Director and Site director(s).
- Provide written agreement from center managers that they will host the tournament during the required dates and commit to a gross lineage fee including tax for a 3 game set.
- Provide written agreement from hotel that they will guarantee a block of \_\_\_\_ rooms for 4 weekends in May at the rate of \$\_\_\_\_\_ per night for up to four (4) people per room.

We understand the policies governing this tournament and our Board of Directors is in agreement to Host and promote the Tournament.

Association President – Signature \_\_\_\_\_ Date \_\_\_\_\_

Association Manager – Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposal must be signed by Local President and Association Manager. Request from individuals will not be considered. State has the right to reject any proposal that it deems unacceptable. Deadline for submitting proposal is July 1<sup>st</sup>. Mail proposal to:

GSY Tournament Proposal \* 7435 Mockingbird Trail \* Riverdale, Ga. 30274

## **Team Center Commitment**

Team Center: \_\_\_\_\_ No. of Lanes \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Center's Telephone Number: \_\_\_\_\_  
Name of Manager: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

If approved by the State Board - I, the Manager/Owner of the Bowling Center, do hereby agree to Host the State Youth Tournament for each weekend during the month of May. I understand that a minimum of 3 squads and possibly 4 squads will be required based on how many lanes are in the bowling center. I, also commit to a gross lineage fee of \$ \_\_\_\_\_ which includes sale tax for each competition game bowled.

SIGNATURE OF MANAGER \_\_\_\_\_ Date \_\_\_\_\_

## **Singles/Doubles Center Commitment**

Sgl/Dbf Center: \_\_\_\_\_ No. of Lanes \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Center's Telephone Number: \_\_\_\_\_  
Name of Manager: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

If approved by the State Board - I, the Manager/Owner of the Bowling Center, do hereby agree to Host the State Youth Tournament for each weekend during the month of May. I understand that a minimum of 3 squads and possibly 4 squads will be required based on how many lanes are in the bowling center. I, also commit to a gross lineage fee of \$ \_\_\_\_\_ includes sale tax for each competition game bowled.

SIGNATURE OF MANAGER \_\_\_\_\_ Date \_\_\_\_\_

If requesting different dates please list: \_\_\_\_\_

\_\_\_\_\_

## **Host Hotel Commitment**

Name of Host Hotel: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hotel's Telephone Number: \_\_\_\_\_

Hotel's Fax Number: \_\_\_\_\_

Hotel's Email Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

If approved by the State Board - I, the Manager of the Hotel Property, do hereby agree to guarantee the Georgia State Youth Association a block of \_\_\_\_\_ rooms for \_\_\_\_\_ weekends at the rate of \$\_\_\_\_\_ per night for up to four (4) people per room. Reservations must be made 2 weeks prior to actual stay. This would be for each weekend during the month of May if necessary. I acknowledge that Individuals are responsible for booking their own room(s) and hereby agree that the Local or State Youth Association shall not be liable for any unused rooms which are not booked.

1 "comp room" will be provided to the tournament manager each weekend.

SIGNATURE OF MANAGER \_\_\_\_\_ Date \_\_\_\_\_

Addition information may be provided in the space below:

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