NATION'S CAPITAL AREA USBC ASSOCIATION
WINTER LEAGUE CERTIFICATION KIT ORDER FORM

BOWLING CENTER:_____ OFFICERS' MEETING DATE & TIME:_____

CENTER MANAGER: Please complete the following form and return it to: NCAUSBCA, 9315 Largo Drive West, Suite 110, Largo MD 20774-4762 ... Fax: 301/499-5927 ... eMail: *manager@ncausbca.org*

DAY	LEAGUE NAME	# OF TEAMS	# PER TEAM	SECRETARY	STARTING DATE