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.

USBC ID: _____

Name: _____ _____
Last First Middle Maiden (if applicable)

Address: _____ City_____

State_____ Zip _____

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 Applications Related to Bowling: (Full name of organization and 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 ☐ Possibly *(would need more information)* ☐

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 **Fri., June 27, 2025**

TO: Jonathan A. Gibson Sr.
Nominating Chairperson
64 Plymouth Street
New Haven, CT 06519
(203) 589-3381
jagibsonsr@yahoo.com

CT State USBC Assn #86217