



IBCA DIRECTOR AT LARGE QUESTIONNAIRE (Candidate for 2017-19 Terms)

Name: _____

Bowling Center Name: _____

Current Position at Center: *(circle one)* Manager General Manager Owner

Center Address: _____

City: _____ State: _____ Zip: _____

Center Number: _____ Cell Number: _____

Personal E-Mail: _____

How long have you been at center? *(circle one)* 0-1 yrs. 2-4 yrs. 5-7 yrs. 8 or more yrs.

Have you served on a state bowling board before? *(circle one)* Yes or No

If Yes, where and when: _____

Are you able and willing to travel 4 times a year within the state to meetings? *(circle one)* Yes or No

Are you a regular league bowler? *(circle one)* Yes or No Season average: _____

Return to:
Scott Devers
IBCA Association Manager
2331 Brothers Drive
Lafayette, IN 47909
765-413-7323 cell
765-477-8206 fax
scott@indianagobowl.com

(Additional information needed on other side)

