



Team USA Selector Application

Please print or type.

Name: _____ US Citizen: Yes _____ No _____
Street Address: _____
City/State/Zip Code: _____ Naturalized: Yes _____ No _____
Home Phone: _____ Location: _____
Cell: _____ Date: _____
Email: _____ Years bowling: _____
Current Occupation: _____ Retired: _____
Home Division: _____ Home Club: _____

Division Memberships Past and Present : CEN NE NW PIM SC SE SW

(circle all that apply)

Provide a very brief biography (other than lawn bowling):

Signature: _____

The deadline to submit your application is April 30, 2018.

Send your completed documents to:
Ginger Harris at peacecorps.ginger@gmail.com
or via mail to:
1302 Norman St
Redwood City CA 94061



Team USA Selector Application

Name _____

Divisions in which you've competed (circle all that apply): CEN NE NW PIM SC SE SW

Domestic Tournament Participation

How many times have you played in each event in the last 10 years?

US Open _____

Division Playdowns _____

Your Division's Open _____

Another Divisions's Open _____

International Experience (list most recent first)

Event	Country	Year	Player, Manager, Asst Mgr, Coach, Selector

Signature: _____



Team USA Selector Application
Waiver of Liability

In the event that I am chosen as a Selector, hereby for and on behalf of myself, my heirs, executors, and assigns, remise release and forever discharge BOWLS USA (USLBA), its officers, member, representatives and agents, and their heirs, executors, administrators, successors, and assigns of and from any and all manners of action, causes of action, claims and demands of every kind, nature and character which I may have, now have or can, shall or may hereafter have, or which may be suffered or sustained by me in connection with my activities as a Selector and my association herewith, and my traveling to and from related events and all such actions, causes of action claims and demands are hereby waived.

Duration of Agreement: This agreement comes into force of January 1st, 2018 and terminates December 31st, 2020

Team USA Selector

Bowls USA

Signed
this _____ day of _____ 20 _____

Signed
this _____ day of _____ 20 _____

Selector Signature

Bowls USA Member

Witness (not a family member)

Witness



Team USA Selector

Vital Information Form

Bowls USA will keep this information confidential and will use it only when necessary.
This form is only to be completed should you be chosen as a Selector.

Name (as it appears on your passport) - Please print

First

Middle

Last

Passport Number: _____

Expiration date: _____

Person to contact in case of accident or illness:

Name

Telephone Number

Relationship

Email

Medical insurance Provider: _____

Identification Number : _____

Doctor: _____ Telephone: _____

Prescription medications you take regularly:

1 _____

2 _____

3 _____

4 _____

Any other medical information that you feel is necessary: _____
