

**IGBO Tournament Renewal Form and Voter Authorization  
2009/2010 Season**



PLEASE PRINT. TO ENSURE TIMELY PROCESSING, THIS FORM AND MEMBERSHIP DUES MUST  
BE SENT TO THE REGIONAL DIRECTOR NO LATER THAN OCTOBER 15, 2009 –REF. SECTION 4.3(B), IGBO P&P

1. **NAME OF TOURNAMENT:** \_\_\_\_\_ REGION \_\_\_\_\_

BOWLING CENTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

WEBSITE URL: \_\_\_\_\_ E\_MAIL: \_\_\_\_\_

2. **TOURNAMENT DETAILS:** DATE: \_\_\_\_\_ TO \_\_\_\_\_ NATIONALLY CERTIFIED? (Y/N) \_\_\_\_\_

LAST EVENT: NO. OF WOMEN \_\_\_\_\_ NO. OF MEN \_\_\_\_\_ BOWLERS PER TEAM \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TOURNAMENT STATIONER E-MAIL ADDRESS: \_\_\_\_\_

3. **TOURNAMENT DIRECTOR (SIGNATURE REQUIRED ON BACK)**

FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR./III \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

I DO NOT WISH TO HAVE MY NAME AND E-MAIL ADDRESS LISTED IN THE PUBLIC ACCESS AREAS OF THE IGBO WEB SITE .

I WOULD LIKE TO JOIN THE YAHOO IGBO E-INFO SPORTS GROUP TO RECEIVE EVENT NEWS AND UPDATES VIA EMAIL.

4. **TOURNAMENT DIRECTOR 2 (COMPLETE IF APPROPRIATE)**

FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR./III \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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5. **TOURNAMENT SECRETARY (SIGNATURE REQUIRED ON BACK)**

FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR./III \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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6. **TOURNAMENT TREASURER (IS POSITION HELD BY SECRETARY/TREASURER? Y/N \_\_\_\_\_)**

FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR./III \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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7. **IGBO REPRESENTATIVE (SIGNATURE REQUIRED ON BACK) THIS IS A MANDATORY POSITION**

FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR./III \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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8. **IGBO ALTERNATE REPRESENTATIVE (SIGNATURE REQUIRED ON BACK) THIS IS A MANDATORY POSITION**

FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR./III \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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**9. CHARITY DONATION QUESTIONNAIRE**

IF YOUR LEAGUE HAS MADE CHARITY DONATIONS IN THE PAST 12 MONTHS PLEASE INDICATE HOW MUCH AND TO WHICH CATEGORY. THIS INFORMATION WILL BE COLLATED BY THE IGBO MARKETING COMMITTEE TO ASSIST IN GAINING IGBO CORPORATE SPONSORSHIP.

A. LIST OF CATEGORIES CIRCLE ONE: CANCER, BREAST CANCER, HIV/AIDS ADULT, HIV/AIDS PEDIATRIC, SUBSTANCE ABUSE (ETOH, DRUGS, ETC), GLBT, ALZHEIMER'S, OR OTHER.

A. CHARITY: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

B. LIST OF CATEGORIES CIRCLE ONE: CANCER, BREAST CANCER, HIV/AIDS ADULT, HIV/AIDS PEDIATRIC, SUBSTANCE ABUSE (ETOH, DRUGS, ETC), GLBT, ALZHEIMER'S, OR OTHER.

B. CHARITY: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

C. LIST OF CATEGORIES CIRCLE ONE: CANCER, BREAST CANCER, HIV/AIDS ADULT, HIV/AIDS PEDIATRIC, SUBSTANCE ABUSE (ETOH, DRUGS, ETC), GLBT, ALZHEIMER'S, OR OTHER.

C. CHARITY: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**10. VOTER AUTHORIZATION FORM: TO BE REPRESENTED AT MEMBERSHIP MEETINGS, EACH TOURNAMENT MUST HAVE A VALID VOTER AUTHORIZATION FORM ON FILE WITH THE IGBO SECRETARY. PLEASE READ THE PARAGRAPH BELOW AND SIGN WHERE INDICATED.**

I, THE UNDERSIGNED TOURNAMENT PRESIDENT OR SECRETARY, DO HEREBY GRANT VOTER AUTHORIZATION FOR OUR TOURNAMENT TO THE PERSON DESIGNATED BELOW AS THE TOURNAMENT REPRESENTATIVE. THE TOURNAMENT REPRESENTATIVE IS AUTHORIZED TO EXERCISE OUR VOTE (S) ON ANY ISSUE PRESENTED BEFORE THE MEMBERSHIP AND TO COLLECT ANY AND ALL INFORMATION ON BEHALF OF OUR TOURNAMENT DISTRIBUTED AT THE MEETING. IN THE EVENT THAT THE TOURNAMENT REPRESENTATIVE IS UNABLE TO REPRESENT THE TOURNAMENT, THEN THE ALTERNATE REPRESENTATIVE MAY ACT ON OUR TOURNAMENT'S BEHALF.

<u>PRINTED NAMES</u>	<u>SIGNATURES</u>	<u>DATE</u>
_____	_____	_____
TOURNAMENT REPRESENTATIVE	TOURNAMENT REPRESENTATIVE	MM/DD/YY
_____	_____	_____
TOURNAMENT ALTERNATE	TOURNAMENT ALTERNATE	MM/DD/YY
_____	_____	_____
TOURNAMENT DIRECTOR OR SECRETARY	TOURNAMENT DIRECTOR OR SECRETARY	MM/DD/YY

**11. TOURNAMENT DUES: TO THE TOURNAMENT TREASURER, TOURNAMENT DUES ARE DIVIDED INTO TWO PARTS. THE FIRST IS AN ANNUAL MEMBERSHIP DUES OF \$50 US. THE SECOND IS AN INCREMENTAL DUES OF \$0.50 US PER BOWLER PARTICIPANT. PLEASE SUBMIT THE ANNUAL DUES OF \$50 (USD) WITH YOUR RENEWAL FORM. THE INCREMENTAL DUES OF \$0.50 PER BOWLING PARTICIPANT MUST BE CALCULATED AND SUBMITTED BY YOUR TOURNAMENT WITHIN 30 DAYS AFTER THE CONCLUSION OF YOUR EVENT. FOR DETAILS ON MEMBERSHIP DUES, REFER TO SECTION 4.3 OF THE IGBO P&P.**

**12. PAYMENTS MUST ACCOMPANY THIS FORM. PLEASE MAKE CHECKS PAYABLE TO "IGBO"**  
CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

13. FOR FURTHER INFORMATION ON THIS FORM, PLEASE CONTACT YOUR REGIONAL DIRECTOR FOR ASSISTANCE.  
**PLEASE RETAIN A COPY FOR YOUR FILES.**

***Mail this renewal form and dues to:***