

**UNITED STATES BOWLING CONGRESS  
AFFIDAVIT IN SUPPORT OF LEAGUE BOND CLAIM**

621 Six Flags Drive, Arlington, Texas 76011

We, the undersigned officers of \_\_\_\_\_ do hereby certify that the above mentioned organization has sustained a loss caused by the infidelity of \_\_\_\_\_

\_\_\_\_\_  
(Name of Officer) (Title)

\_\_\_\_\_  
(Residence Address) (City and State)

\_\_\_\_\_  
(Name and Address of Employer of Officer)

Said league applied for membership on or about \_\_\_\_\_

Said league of teams in league \_\_\_\_\_ Number of members of each team \_\_\_\_\_

**RECEIPTS**

Total fees collected from all teams \_\_\_\_\_  
 ( \_\_\_\_\_ teams at \$ \_\_\_\_\_ weeks) \$ \_\_\_\_\_  
 per week for \_\_\_\_\_ weeks..... \$ \_\_\_\_\_  
 Membership fees collected ..... \$ \_\_\_\_\_  
 Other Collections — Itemize \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**ITEMIZATION**

**EXPENDITURES and CREDITS**

Total receipts for season..... \$ \_\_\_\_\_  
 Total accounted for (from last item in expenditures column) ..... \$ \_\_\_\_\_  
 Balance unaccounted for..... \$ \_\_\_\_\_  
 Total bowling costs at \$ \_\_\_\_\_ weeks..... \$ \_\_\_\_\_  
 per week for \_\_\_\_\_ weeks..... \$ \_\_\_\_\_  
 Membership fees paid ..... \$ \_\_\_\_\_  
 Other Collections — Itemize \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Unpaid League Fees ..... \$ \_\_\_\_\_  
 Bank Balance..... \$ \_\_\_\_\_  
 Cash on Hand ..... \$ \_\_\_\_\_  
 Salary and prize money due defaulting Officer..... \$ \_\_\_\_\_

**TOTAL EXPENDITURES and CREDITS Accounted for .....** \$ \_\_\_\_\_

The undersigned further certify that none of the above balance has been paid by the named officer and that all of same is due and owing this organization as herein set forth. We further certify that the organization holds no other insurance or indemnity of any kind in connection with this loss, except \_\_\_\_\_

(If no exceptions, write "None")

We further certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ an account was opened in the \_\_\_\_\_ Bank of \_\_\_\_\_

in the name of \_\_\_\_\_ subject to the

Name of Account

joint signature of \_\_\_\_\_

Name and Titles of Officers

that monthly statements of said account were received by \_\_\_\_\_

and verified by \_\_\_\_\_ and found to be correct up to and including \_\_\_\_\_ 20\_\_\_\_.

We certify this loss was first discovered on or about \_\_\_\_\_ 20\_\_\_\_ and we have since audited the books and records and find the shortage to be as above and a claim is hereby presented for \$ \_\_\_\_\_.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Name of Organization)

(Signature of Preparer/Title)

(Notary Public)

My commission expires \_\_\_\_\_

(Signature of Preparer/Title)