

**ILLINOIS STATE USBC WBA  
MEMORANDUM**

**EARLENE M. NELSON, ASSOCIATION MANAGER  
OFFICE 309/827-6355 FAX 309=828-9152**

**IS YOUR ASSOCIATION INTERESTED IN HOSTING AN ILLINOIS USBC WBA WORKSHOP  
IF THE ANSWER IS YES, WE WOULD LIKE TO KNOW THE FACILITIES YOU HAVE FOR  
HOSTING THE WORKSHOP.**

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**ASSOCIATION NAME:** \_\_\_\_\_

**NAME OF PERSON SUBMITTING THE FORM:** \_\_\_\_\_

**THIS YEAR?** \_\_\_\_\_ **ANY YEAR?** \_\_\_\_\_

**DO YOU HAVE A PLACE TO HOLD THE WORKSHOP THAT WILL SEAT 150 OR MORE  
PEOPLE COMFORTABLY?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IS THE ROOM AIR CONDITIONED?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DO THEY HAVE A GOOD PA SYSTEM?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DO THEY HAVE A PODIUM?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**WILL THEY SERVE LUNCH?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**TYPE OF LUNCH ?**

**BUFFETT** \_\_\_\_\_ **SIT DOWN** \_\_\_\_\_

**CATERED LUNCH??**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**COST OF LUNCH TO INCLUDE TAX &  
GRATUITY**

**\$** \_\_\_\_\_ **PER PERSON**

**NAME OF PLACE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_ **CONTACT PERSON** \_\_\_\_\_

**(OVER) PLEASE COMPLETE OTHER SIDE**

**MOTEL ACCOMMODATIONS NEAR BY:**

**NAME;** \_\_\_\_\_ **MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE NUMBER ( \_\_\_\_\_ )** \_\_\_\_\_

**NAME;** \_\_\_\_\_ **MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE NUMBER ( \_\_\_\_\_ )** \_\_\_\_\_

**NAME;** \_\_\_\_\_ **MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE NUMBER ( \_\_\_\_\_ )** \_\_\_\_\_