

USBC YOUTH MEMBERSHIP APPLICATION

League:

Parents please fill out this section

Parent(s) Name (First & Last):

Male / Female

Date of Birth (mm/dd/yy): _____ (optional)

E-Mail: _____

Mailing Address: _____

City

Zip Code

Phone #: _____

Junior Bowler please fill out this section

Juniors Name (first & Last):

Male / Female

E-Mail: _____

Date of Birth (mm/dd/yy): _____

Grade: _____

Did you participate in the DV8 Jr. Gold Tournament in Texas? _____

Did you participate in the Survivor Jr. Gold Tournament in Texas? _____