

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: _____

USBC # _____

Did you participate in the 2021 DV8 or Survivor Tournament at the

Jr. Gold Tournament in Indianapolis? _____