USBC YOUTH MEMBERSHIP APPLICATION *Required Field	New Member □	TEMPORARY MEMBERSHIP RECEIP
Bowling Center*	League/Tournament Name*	Bowlers ID#
PARENT INFORMATION Male* □ Female* □	Youth Bowler ID# (found on last year's card)*	Full Name
Parent First Name* Parent Middle Initial	Parent Last Name*	League
Parent Email Address*	Phone*	
Mailing Addrags* Ant* Cit.*	State* Postal Code*	Membership Type
Mailing Address* Apt.* City*	State Postal Code	\$
COMPETITION GENDER CLASSIFICATION Male/Open* ☐ Female* ☐		Amount Paid
Bowler First Name* Bowler Middle Name	Bowler Last Name*	Date purchased
Bowler Date of Birth (mm/dd/yyyy)* Bowler Email Address	is*	
☐ We provide the Youth Bowler Information to the Bowling Center for its operations	and marketing. Check if you do not want us to share that information.	Signature - League Secretary Please retain receipt until official card is delivered in the mail.
□ PAID IN OTHER NATIONAL MEMBERSHIP UPGRADES LEAGUE	LOCAL	Visit the "Find a Member" section on BOWL.com to print a copy of your card.
□ Standard Membership \$4.00 □ Junior Gold U12 □ Special Olympics \$10.00 □ Junior Gold U15/U	\$10.00 □ Services Fee	copy of your card.
Name of League Bowling Center	TOTAL \$	NOT VALID UNLESS SIGNED
By submitting this application, Parent and Bowler agree that Bowler is boun Manuals. Parent and Bowler also consent to the inclusion of Bowle		YOUTH LEAGUE SECRETARY 20_111 0522
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Parent Email Address*	Phone*	
Mailing Address* Apt.* City*	State* Postal Code*	Membership Type
COMPETITION GENDER CLASSIFICATON Male/Open* □ Female* □		\$ Amount Paid
Bowler First Name* Bowler Middle Name	Bowler Last Name*	Date purchased
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	•	NOT VALID UNLESS SIGNED
Name of League Bowling Center By submitting this application, Parent and Bowler agree that Bowler is boun	d by and will comply with the USBC Bylaws, Rules and Policy	YOUTH LEAGUE SECRETARY
Manuals. Parent and Bowler also consent to the inclusion of Bowle	r's name, local association, and scores on Bowl.com.	20_111 0522
USBC YOUTH MEMBERSHIP APPLICATION *Required Field	New Member □	TEMPORARY MEMBERSHIP RECEIP
Bowling Center*	League/Tournament Name*	Bowlers ID#
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COMPETITION GENDER CLASSIFICATION Male/Open* □ Female* □		Amount Paid
Bowler First Name* Bowler Middle Name	Bowler Last Name*	Date purchased
Bowler Date of Birth (mm/dd/yyyy)* Bowler Email Addres		Signatura Lagree Societari
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Name of League Bowling Center Bowling Center By submitting this application, Parent and Bowler agree that Bowler is boun Manuals. Parent and Bowler also consent to the inclusion of Bowle	d by and will comply with the USBC Bylaws, Rules and Policy r's name, local association, and scores on Bowl.com.	YOUTH LEAGUE SECRETARY 20_111 0522



VISIT BOWL.com/Youth FOR MORE INFORMATION ON PROGRAMS, AWARDS &

SCHOLARSHIPS.





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