

USBC YOUTH MEMBERSHIP APPLICATION **Required Field*New Member

Bowling Center* _____ League/Tournament Name* _____

PARENT INFORMATION Male* Female* Youth Bowler ID# (found on last year's card)* _____

Parent First Name* _____ Parent Middle Initial _____ Parent Last Name* _____

Parent Email Address* _____ Phone* _____

Mailing Address* _____ Apt.* _____ City* _____ State* _____ Postal Code* _____

COMPETITION GENDER CLASSIFICATION Male/Open* Female*

Bowler First Name* _____ Bowler Middle Name _____ Bowler Last Name* _____

Bowler Date of Birth (mm/dd/yyyy)* _____ Bowler Email Address* _____

 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.

<input type="checkbox"/> PAID IN OTHER LEAGUE	NATIONAL MEMBERSHIP	JUNIOR GOLD MEMBERSHIP	LOCAL
	<input type="checkbox"/> Standard Membership \$4.00	Visit BOWL.com/JuniorGold to upgrade today.	<input type="checkbox"/> Services Fee _____
	<input type="checkbox"/> Special Olympics \$10.00		<input type="checkbox"/> Registration Fee _____

Name of League _____ Bowling Center _____ **TOTAL \$** _____

By submitting this application, Parent and Bowler agree that Bowler is bound by and will comply with the USBC Bylaws, Rules, and Policy Manuals. Parent and Bowler also consent to the inclusion of Bowler's name, local association, and scores on Bowl.com.

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TEMPORARY MEMBERSHIP RECEIPT

Bowlers ID# _____

Full Name _____

League _____

Membership Type _____

Amount Paid _____

Date purchased _____

Signature - League Secretary

Please retain receipt until official card is delivered in the mail. Visit the "Find a Member" section on **BOWL.com** to print a copy of your card.

NOT VALID UNLESS SIGNED BY LEAGUE SECRETARY

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FOR MORE INFORMATION
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