



U15 ONLY QUALIFYING POST-EVENT REPORT

This form should not be submitted unless the qualifier is comprised of athletes in the U15 division.

PLEASE PRINT

EVENT NAME _____ USBC CERTIFICATION # _____

BEGINS ____ / ____ / 20____ ENDS ____ / ____ / 20____ EVENT # _____

BOWLING CENTER _____

CITY _____ STATE/PROVINCE/ZONE/COUNTRY _____

TYPE OF EVENT TOURNAMENT LEAGUE

PARTICIPANTS IN THIS EVENT MALE _____ FEMALE _____

HOW MANY PARTICIPANTS ARE JUNIOR GOLD MEMBERS? MALE _____ FEMALE _____

WHAT ADVANCEMENT RATIO/PROCEDURE DID YOUR EVENT USE FOR THE JUNIOR GOLD CHAMPIONSHIPS?

1:4 CHAMPION EARP OTHER _____

THIS REPORT WAS SUBMITTED BY

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____

DAY PHONE (____) _____ EVENING PHONE (____) _____

FAX NUMBER (____) _____ MOBILE PHONE (____) _____

EMAIL _____

SIGNATURE* _____

*Signature authorizes USBC to fax or e-mail pertinent league/tournament information, as well as verifies all provided information is accurate

FINANCIAL SUMMARY

FEES SUBMITTED STAFF

Reserved spots already submitted _____ x \$150 = _____

of additional spots submitted _____ x \$150 = _____

of U15/U18 Junior Gold Membership submitted _____ x \$30 = _____

of U12 Junior Gold Memberships submitted _____ x \$10 = _____

PAYMENT METHOD (ALL PAYMENTS MUST BE MADE IN U.S. FUNDS) VISA MASTERCARD

NAME AS IT APPEARS ON CREDIT CARD _____

CREDIT CARD NUMBER _____ EXPIRATION DATE ____ / ____ / ____ CCV _____

EACH REPORT MUST BE ACCOMPANIED BY

1. Final standings sheet (Finalist Reports)
2. All new and renewed Junior Gold membership applications
3. List of names and addresses of advancing participants and alternates
4. All monies as identified in the Financial Summary

Return this report within **15 DAYS** of the conclusion of your event:

IBC Youth

Attn: Junior Gold Championships

621 Six Flags Drive

Arlington, TX 76011

Email: tournaments@ibcyouth.com

Fax: (817) 385-8412

All payments must be made to: IBC Youth