

U15 FINALIST REPORT

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

EVENT COORDINATOR SIGNATURE _			1					
This form must be returned with your EVENT NAME (PRINT)	POST EVENT	REPORT wit	hin 15 days from the close of your e		-		EVENT TYPE	
CITY LIST BOWLERS ADVANCING TO THE 2022 JUNIOR GOLD (STATE/COUNTRY					
FIRST AND LAST NAME	USBC ID#	DOB/ GENDER	COMPLETE ADDRESS	PHONE	LAST 4 OF	EMAIL ADDRESS	EARP	
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TWO (2) ALTERNATES PER ADVANCER								
FIRST AND LAST NAME	USBC ID#	DOB/ GENDER	COMPLETE ADDRESS	PHONE	LAST 4 OF SSN	EMAIL ADDRESS		
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Please return completed form to
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