

U20 FINALIST REPORT

This form should be submitted if your qualifier is comprised of athletes in the U20 division ONLY.

EVENT COORDINATOR SIGNATURE				4			
This form must be returned with yo EVENT NAME (PRINT)	ur POST EVENT	REPORT within	15 days from the close of your e	vent. All events mus		· ·	EVENT TYPE
CITY		STATE/COUNTRY			EVENT#		
LIST BOWLERS ADVANCING TO TH	E 2022 JUNIOR G	old Champio	NSHIPS				O TOURNAMENT LEAGUE
FIRST AND LAST NAME	USBC ID#	DOB/ GENDER	COMPLETE ADDRESS	PHONE	LAST 4 OF SSN	EMAIL ADDRESS	EARP
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TWO (2) ALTERNATES PER ADVANCER						4	
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 Cold Championships
621 Six Flags Drive
Arlington, TX 76011
Email: tournaments@ibcyouth.com
Fax: (817) 385-8412
All payments must be made to IBC Youth