



YOUTH MEMBERSHIP APPLICATION

USBC YOUTH MEMBERSHIP APPLICATION New Member

Bowling Center _____

League/Tournament Name _____

EMAIL ADDRESS REQUIRED FOR PROCESSING

Email Address _____

PARENT INFORMATION

Parent First Name _____

Parent Last Name _____

Gender: MALE FEMALE

Date of Birth (mm/dd/yyyy) _____

Mailing Address _____

Apt. _____

City _____

State _____

Postal Code _____

BOWLER INFORMATION

First Name _____

Last Name _____

Email _____

Gender: MALE FEMALE

Date of Birth (mm/dd/yyyy) _____

Bowler ID# (found on last year's card) _____

By submitting this application you consent to the inclusion of your name, local association and scores on BOWL.com

I do not wish to receive non-USBC communication

YOUTH MEMBERSHIP CARD OPTIONS

NATIONAL MEMBERSHIP

Standard Membership **\$4.00**

Special Olympics Membership **\$10.00**

UPGRADES

Bowlopolis **\$3.50**

Junior Gold U15/U20 **\$30.00**

Junior Gold U12 **\$10.00**

\$TOTAL _____

PAID IN OTHER LEAGUE

Name of League _____

Bowling Center _____

Account # _____

Exp Date _____

Name as it appears on card _____

Email of card holder _____

Day time tel. # of card holder _____

My signature below authorizes a charge request for \$ _____

Signature _____

METHOD OF PAYMENT: VISA MASTERCARD CHECK

MONEY ORDER/CASHIER'S CHECK

DATE RECEIVED BY USBC: _____

MAIL FORM TO:

**USBC YOUTH MEMBERSHIP
621 Six Flags Drive
Arlington, TX 76011**

Phone: (800) 514-BOWL ext. 8426

Fax: (817) 385-8262

Email: contactus@ibcyouth.com