



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

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**

UPGRADES Junior Gold U15/U18 **\$30.00**

Junior Gold U12 **\$10.00**

\$TOTAL

PAID IN OTHER LEAGUE

Account #: _____

Exp Date: _____

CVV: _____

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: _____

Name of League _____ Bowling Center _____

MAIL FORM TO:

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

Phone: (800) 514-BOWL ext. 8426

Fax: (817) 385-8412

Email: contactus@ibcyouth.com