



2018-2019 JUNIOR GOLD MEMBERSHIP APPLICATION

USBC YOUTH MEMBERSHIP APPLICATION New Member

Bowling Center: _____

League/Tournament Name: _____

Email Address (EMAIL ADDRESS REQUIRED FOR PROCESSING): _____

GUARDIAN INFORMATION

Guardian's First Name: _____ Guardian's Last Name: _____

Gender: MALE FEMALE Date of Birth(mm/dd/yyyy): _____ Phone Number: _____

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): _____

Last 4 digits of Bowlers Social Security Number (Junior Gold Only): _____

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

- | | |
|--|---------|
| <input type="checkbox"/> Standard Membership | \$4.00 |
| <input type="checkbox"/> U12 Junior Gold Membership
(U12 Born 8/1/06 or Later) | \$10.00 |
| <input type="checkbox"/> U15/U17/U20 Junior Gold Membership
(U15/U17/U20 Born between 8/1/98 - 7/31/06) | \$30.00 |

TOTAL

PAID IN OTHER LEAGUE

Name of League

Bowling Center

METHOD OF PAYMENT

- | | |
|--------------------------------|--|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD |
| <input type="checkbox"/> CHECK | <input type="checkbox"/> MONEY ORDER/CASHIER'S CHECK |

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: _____

MAIL FORM TO:

USBC JUNIOR GOLD MEMBERSHIP
621 Six Flags Drive
Arlington, TX 76011

Phone: (800) 514-BOWL ext. 8426

Fax: (817) 385-8412

Email: Tournaments@ibcyouth.com

DATE RECEIVED BY USBC: _____