PREMIER YOUTH BOWLING
JUNIOR LEAGUE BOWLER REGISTRATION
BOWLIUM LANES MONTCLAIR

Email completed form to: gaphilip1@gmail.com
Or Fax to: 909-985-4325

PLEASE PRINT LEGIBLY

WHICH SESSION IS THIS REGISTRATION FOR? **_____ WINTER 2020** **_____SPRING 2021**

TODAY'S DATE: **_____ /_____ /_2020__**

BOWLER NAME: _____
First Name Middle Initial Last Name

AGE: _____ BIRTH DATE: ____/____/_____ ___ GIRL ___ BOY R / L Handed ____

USBC ID# _____ **(8/1 – 7/31)** **Current Year Fee $11.00 due at registration for new bowlers or if existing card has expired. Cash only (excludes bumpers group)**

ADDRESS IS REQUIRED: (P.O. BOX CANNOT BE ACCEPTED)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE #: (_____) _____ PHONE # 2 (optional): (_____) _____

PARENT/GUARDIAN NAME(S): _____

EMAIL: _____ EMAIL 2 (optional): _____

If eligible I prefer my end of season awards to be: ____ Scholarship ____ Trophies/Plaques

Are there any injuries or physical limitations that would affect this bowler's ability to bowl? ___ Yes ___ No

If YES explain: _____

I authorize bowling photos of my son/daughter to be taken/posted on the league website. ____Yes ____No

PARENT SIGNATURE: _____

Age Groups based on August 1st Birthday

OFFICE USE ONLY

_____New **_____Returning**

_____ All Stars 14-19 **_____ Rising Stars 8-13** **_____ Superstars 4-7**