PREMIER YOUTH BOWLING - LEAGUE REGISTRATION
BOWLIUM LANES, MONTCLAIR

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

PLEASE PRINT LEGIBLY

TODAY'S DATE: _____ /_____ /_____

BOWLER NAME: _____
First Name Middle Initial Last Name

AGE: _____ BIRTH DATE: ____/____/_____ _____ MALE _____ FEMALE R / L Handed _____

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

PARENT/GUARDIAN NAME(S): _____

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

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

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/GUARDIAN SIGNATURE: _____

Age Groups based on August 1st Birthday.

OFFICE USE ONLY

_____ New **_____ Returning**

_____ All Stars 14-18 **_____ Rising Stars 8-13** **_____ Superstars 4-7**