YOUTH MEMBERSHIP APPLICATION

USBC YOUTH MEMBERSHIP APPLICATION   New Member ☐

KANSAS CITY OPEN

_____
Bowling Center   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**

RETURN COMPLETED FORM TO:

Email: kcoinfo@kansascityopen.com
or
PRINT COMPLETED FORM AND TURN IN AT TOURNAMENT CHECK IN