

Fergus Falls USBC Youth Membership

**New Member** (Check if yes) \_\_\_\_\_ Previous Bowler ID # \_\_\_\_\_

League Day (Circle) Monday / Monday 6:00 / Tuesday / Wednesday

**PARENT:** Name (First, MI, Last) \_\_\_\_\_ Male / Female

Email Address (required) \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_

**BOWLER** Name (First, Middle, Last) \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Grade \_\_\_\_\_

Bowler Email (opt) \_\_\_\_\_ \$10 Membership \_\_\_\_\_

\_\_\_\_\_ Check here if you do **NOT** wish for above youth name/picture to be featured in any Northern Aire Lanes promotional or public materials such as but not limited to Newspaper, NAL Website, In-House, Social Media

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_