Fergus Falls USBC Youth Membership

_____New Member (Check if yes)

League Day (Circle) Monday / Monday 6:00 / Tuesday / Wednesday _____Previous Bowler ID #

PARENT Info: Name (First, MI,Last)_____ Male or Female

Email Address (required)_____Phone_____

Mailing Address_____

BOWLER Info: Name(First, Middle, Last)_____Male or 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

BOWLER # 2

Fergus Falls USBC Youth Membership

_____New Member (Check if yes)

League Day (Circle) Monday / Monday 6:00 / Tuesday / Wednesday _____Previous Bowler ID #

PARENT Info: Name (First, MI,Last)_____ Male or Female

Email Address (required)_____Phone_____

Mailing Address_____

BOWLER Info: Name(First, Middle, Last)_____Male or 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